

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|---|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 523 | 51040 | CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE | | | | | |
| 523 | 51045 | CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE) | | | | | |
| 523 | 51050 | CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RESECTION | | | | | |
| 523 | 51065 | CYSTOTOMY, WITH STONE BASKET EXTRACTION AND/OR ULTRASONIC OR ELECTROHYDRAULIC FRAGMENTATION OF URETERAL CALCULUS | | | | | |
| 523 | 51520 | CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE) | | | | | |
| 523 | 51880 | CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE) | | | | | |
| 523 | 52234 | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; SMALL BLADDER TUMOR(S) (0.5 TO 2.0 CM) | | | | | |
| 523 | 52235 | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(S) (2.0 TO 5.0 CM) | | | | | |
| 523 | 52240 | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; LARGE BLADDER TUMOR(S) | | | | | |
| 523 | 52250 | CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY OR FULGURATION | | | | | |
| 523 | 52277 | CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY) | | | | | |
| 523 | 52282 | CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT | | | | | |
| 523 | 52317 | LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS; SIMPLE OR SMALL (LESS THAN 2.5 CM) | | | | | |
| 523 | 52318 | LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS; COMPLICATED OR LARGE (OVER 2.5 CM) | | | | | |
| 523 | 52320 | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL CALCULUS | | | | | |
| 523 | 52325 | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF URETERAL CALCULUS (EG, ULTRASONIC OR ELECTRO-HYDRAULIC TECHNIQUE) | | | | | |
| 523 | 52330 | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION, WITHOUT REMOVAL OF URETERAL CALCULUS | | | | | |
| 523 | 52332 | CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE) | | | | | |
| 523 | 52334 | CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABLISH A PERCUTANEOUS NEPHROSTOMY, RETROGRADE | | | | | |
| 523 | 52335 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); | | | | | |
| 523 | 52336 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH REMOVAL OR MANIPULATION OF CALCULUS (URETERAL CATHETERIZATION IS INCLUDED) | | | | | |
| 523 | 52338 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH BIOPSY AND/OR FULGURATION OF LESION | | | | | |
| 523 | 52339 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH RESECTION OF TUMOR | | | | | |
| 523 | 52340 | CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERIOR URETHRAL VALVES, OR CONGENITAL OBSTRUCTIVE HYPERTROPHIC MUCOSAL FOLDS | | | | | |
| 523 | 52450 | TRANSURETHRAL INCISION OF PROSTATE | | | | | |
| 523 | 52500 | TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE) | | | | | |
| 523 | 52606 | TRANSURETHRAL FULGURATION FOR POSTOPERATIVE BLEEDING OCCURRING AFTER THE USUAL FOLLOW-UP TIME | | | | | |
| 523 | 52640 | TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE | | | | | |
| 523 | 52700 | TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS | | | | | |
| 523 | 55720 | PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE | | | | | |
| 523 | 55725 | PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED | | | | | |
| 523 | 55859 | TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL RADIOELEMENT APPLICATION, WITH OR WITHOUT CYSTOSCOPY | | | | | |
| 524 | Level IV Cystourethroscopy and other Genitourinary Procedures | | T | 28.89 | \$1,463.84 | \$833.38 | \$292.77 |
| 524 | 52337 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE URETER AND/OR PYELOURETERAL JUNCTION BY ANY METHOD); WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED) | | | | | |
| 524 | 52601 | TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED) | | | | | |
| 524 | 52612 | TRANSURETHRAL RESECTION OF PROSTATE; FIRST STAGE OF TWO-STAGE RESECTION (PARTIAL RESECTION) | | | | | |
| 524 | 52614 | TRANSURETHRAL RESECTION OF PROSTATE; SECOND STAGE OF TWO-STAGE RESECTION (RESECTION COMPLETED) | | | | | |
| 524 | 52620 | TRANSURETHRAL RESECTION; OF RESIDUAL OBSTRUCTIVE TISSUE AFTER 90 DAYS POSTOPERATIVE | | | | | |
| 524 | 52630 | TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN ONE YEAR POSTOPERATIVE | | | | | |
| 524 | 52647 | NON-CONTACT LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED) | | | | | |
| 524 | 52648 | CONTACT LASER VAPORIZATION WITH OR WITHOUT TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED) | | | | | |
| 524 | 53850 | TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY | | | | | |
| 524 | 53852 | TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY | | | | | |
| 527 | Lithotripsy | | T | 51.56 | \$2,612.52 | \$1,372.95 | \$522.5 |
| 527 | 50590 | LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE | | | | | |
| 529 | Simple Urinary Studies and Procedures | | T | 2.5 | \$126.67 | \$63.05 | \$25.33 |
| 529 | 50396 | MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSOTOMY TUBE, OR INDWELLING URETERAL CATHETER | | | | | |
| 529 | 50686 | MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER | | | | | |
| 529 | 51725 | SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER) | | | | | |
| 529 | 51726 | COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT) | | | | | |
| 529 | 51736 | SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER) | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|------------------------------|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 529 | 51741 | COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT) | | | | | |
| 529 | 51772 | URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE PRESSURE PROFILE), ANY TECHNIQUE | | | | | |
| 529 | 51784 | ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN NEEDLE, ANY TECHNIQUE | | | | | |
| 529 | 51785 | NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE | | | | | |
| 529 | 51792 | STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY TIME) | | | | | |
| 529 | 51795 | VOIDING PRESSURE STUDIES (VP); BLADDER VOIDING PRESSURE, ANY TECHNIQUE | | | | | |
| 529 | 51797 | VOIDING PRESSURE STUDIES (VP); INTRA-ABDOMINAL VOIDING PRESSURE (AP) (RECTAL, GASTRIC, INTRAPERITONEAL) | | | | | |
| 529 | 54240 | PENILE PLETHYSMOGRAPHY | | | | | |
| 529 | 54250 | NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST | | | | | |
| 530 | Genitourinary Procedures | | T | 2.52 | \$127.69 | \$54.69 | \$25.54 |
| 530 | 51000 | ASPIRATION OF BLADDER BY NEEDLE | | | | | |
| 530 | 51005 | ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER | | | | | |
| 530 | 51010 | ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER | | | | | |
| 530 | 51700 | BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION | | | | | |
| 530 | 51720 | BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING DETENTION TIME) | | | | | |
| 530 | 53600 | DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; INITIAL | | | | | |
| 530 | 53601 | DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; SUBSEQUENT | | | | | |
| 530 | 53620 | DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; INITIAL | | | | | |
| 530 | 53621 | DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; SUBSEQUENT | | | | | |
| 530 | 53660 | DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; INITIAL | | | | | |
| 530 | 53661 | DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; SUBSEQUENT | | | | | |
| 530 | 53675 | CATHETERIZATION, URETHRA; COMPLICATED (MAY INCLUDE DIFFICULT REMOVAL OF BALLOON CATHETER) | | | | | |
| 530 | 53899 | UNLISTED PROCEDURE, URINARY SYSTEM | | | | | |
| 530 | 54200 | INJECTION PROCEDURE FOR PEYRONIE DISEASE; | | | | | |
| 530 | 54220 | IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM | | | | | |
| 530 | 54231 | DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACTIVE DRUGS (EG, PAPAVERINE, PHENTOLAMINE) | | | | | |
| 530 | 54235 | INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVERINE, PHENTOLAMINE) | | | | | |
| 530 | 54450 | FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING | | | | | |
| 530 | 55899 | UNLISTED PROCEDURE, MALE GENITAL SYSTEM | | | | | |
| 531 | Level I Urethral Procedures | | T | 18.94 | \$959.68 | \$527.26 | \$191.94 |
| 531 | 51715 | ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK | | | | | |
| 531 | 53000 | URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA | | | | | |
| 531 | 53010 | URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA, EXTERNAL | | | | | |
| 531 | 53020 | MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT | | | | | |
| 531 | 53025 | MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT | | | | | |
| 531 | 53040 | DRAINAGE OF DEEP PERIURETHRAL ABSCESS | | | | | |
| 531 | 53060 | DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST | | | | | |
| 531 | 53080 | DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE) | | | | | |
| 531 | 53200 | BIOPSY OF URETHRA | | | | | |
| 531 | 53250 | EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND) | | | | | |
| 531 | 53260 | EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA | | | | | |
| 531 | 53265 | EXCISION OR FULGURATION; URETHRAL CARUNCLE | | | | | |
| 531 | 53270 | EXCISION OR FULGURATION; SKENE'S GLANDS | | | | | |
| 531 | 53275 | EXCISION OR FULGURATION; URETHRAL PROLAPSE | | | | | |
| 531 | 53442 | REMOVAL OF PERINEAL PROSTHESIS INTRODUCED FOR CONTINENCE | | | | | |
| 531 | 53502 | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE | | | | | |
| 531 | 53505 | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE | | | | | |
| 531 | 53510 | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL | | | | | |
| 531 | 53665 | DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA | | | | | |
| 531 | 54000 | SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN | | | | | |
| 531 | 54001 | SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN | | | | | |
| 532 | Level II Urethral Procedures | | T | 25.5 | \$1,292.07 | \$602.18 | \$258.41 |
| 532 | 53210 | URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE | | | | | |
| 532 | 53215 | URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE | | | | | |
| 532 | 53220 | EXCISION OR FULGURATION OF CARCINOMA OF URETHRA | | | | | |
| 532 | 53230 | EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE | | | | | |
| 532 | 53235 | EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE | | | | | |
| 532 | 53240 | MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE | | | | | |
| 532 | 53400 | URETHROPLASTY, FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANNSEN TYPE) | | | | | |
| 532 | 53405 | URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION | | | | | |
| 532 | 53410 | URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA | | | | | |
| 532 | 53420 | URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; FIRST STAGE | | | | | |
| 532 | 53425 | URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; SECOND STAGE | | | | | |
| 532 | 53430 | URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA | | | | | |
| 532 | 53447 | REMOVAL, REPAIR, OR REPLACEMENT OF INFLATABLE SPHINCTER INCLUDING PUMP AND/OR RESERVOIR AND/OR CUFF | | | | | |
| 532 | 53449 | SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE SPHINCTER DEVICE | | | | | |
| 532 | 53450 | URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT | | | | | |
| 532 | 53460 | URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHARDSON TYPE PROCEDURE) | | | | | |
| 532 | 53515 | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS | | | | | |
| 532 | 53520 | CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE) | | | | | |
| 536 | Circumcision | | T | 13.17 | \$667.32 | \$326.57 | \$133.46 |
| 536 | 54150 | CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN | | | | | |

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|-----|--------------------------------|---|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 536 | 54152 | CIRCUMCISION, USING CLAMP OR OTHER DEVICE; EXCEPT NEWBORN | | | | | |
| 536 | 54160 | CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; NEWBORN | | | | | |
| 536 | 54161 | CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; EXCEPT NEWBORN | | | | | |
| 537 | Penile Procedures | | T | 28.72 | \$1,455.23 | \$864.34 | \$291.05 |
| 537 | 37790 | PENILE VENOUS OCCLUSIVE PROCEDURE | | | | | |
| 537 | 54110 | EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); | | | | | |
| 537 | 54111 | EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH | | | | | |
| 537 | 54112 | EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN LENGTH | | | | | |
| 537 | 54120 | AMPUTATION OF PENIS; PARTIAL | | | | | |
| 537 | 54205 | INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE | | | | | |
| 537 | 54300 | PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH OR WITHOUT MOBILIZATION OF URETHRA | | | | | |
| 537 | 54304 | PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYPOSPADIAS REPAIR WITH OR WITHOUT TRANSPLANTATION OF PREPUCE AND/OR SKIN FLAPS | | | | | |
| 537 | 54308 | URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); LESS THAN 3 CM | | | | | |
| 537 | 54312 | URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); GREATER THAN 3 CM | | | | | |
| 537 | 54316 | URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION) WITH FREE SKIN GRAFT OBTAINED FROM SITE OTHER THAN GENITALIA | | | | | |
| 537 | 54318 | URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM (EG, THIRD STAGE CECIL | | | | | |
| 537 | 54322 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH SIMPLE MEATAL ADVANCEMENT (EG, MAGPI, V-FLAP) | | | | | |
| 537 | 54324 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKIN FLAPS (EG, FLIP-FLAP, PREPUCE FLAP) | | | | | |
| 537 | 54326 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKIN FLAPS AND MOBILIZATION OF URETHRA | | | | | |
| 537 | 54328 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY WITH LOCAL SKIN FLAPS, SKIN GRAFT PATCH, AND/OR ISLAND FLAP | | | | | |
| 537 | 54340 | REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY CLOSURE, INCISION, OR EXCISION, | | | | | |
| 537 | 54344 | REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAPS AND URETHROPLASTY WITH FLAP OR PATCH GRAFT | | | | | |
| 537 | 54348 | REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING EXTENSIVE DISSECTION AND URETHROPLASTY WITH FLAP, PATCH OR TUBED GRAFT (INCLUDES URINARY DIVERSION) | | | | | |
| 537 | 54352 | REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE AND RECONSTRUCTION OF URETHRA AND PENIS BY USE OF LOCAL SKIN AS GRAFTS AND ISLAND FLAPS AND SKIN BROUGHT IN AS F | | | | | |
| 537 | 54360 | PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION | | | | | |
| 537 | 54380 | PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; | | | | | |
| 537 | 54385 | PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INCONTINENCE | | | | | |
| 537 | 54402 | REMOVAL OR REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS | | | | | |
| 537 | 54407 | REMOVAL, REPAIR, OR REPLACEMENT OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS, INCLUDING PUMP AND/OR RESERVOIR AND/OR CYLINDERS | | | | | |
| 537 | 54409 | SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE (MULTI-COMPONENT) PROSTHESIS INCLUDING PUMP AND/OR RESERVOIR AND/OR CYLINDERS | | | | | |
| 537 | 54420 | CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL | | | | | |
| 537 | 54435 | CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER PROCEDURE, RONGEUR, OR PUNCH) FOR PRIAPISM | | | | | |
| 537 | 54440 | PLASTIC OPERATION OF PENIS FOR INJURY | | | | | |
| 538 | Insertion of Penile Prosthesis | | T | 45.59 | \$2,310.02 | \$1,540.64 | \$462.00 |
| 538 | 53440 | OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE, WITH OR WITHOUT INTRODUCTION OF PROSTHESIS | | | | | |
| 538 | 53445 | OPERATION FOR CORRECTION OF URINARY INCONTINENCE WITH PLACEMENT OF INFLATABLE URETHRAL OR BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF PUMP AND/OR RESERVOIR | | | | | |
| 538 | 54400 | INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID) | | | | | |
| 538 | 54401 | INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED) | | | | | |
| 538 | 54405 | INSERTION OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND/OR RESERVOIR | | | | | |
| 546 | Testes/Epididymis Procedures | | T | 17.14 | \$868.47 | \$453.81 | \$173.69 |
| 546 | 54505 | BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE) | | | | | |
| 546 | 54510 | EXCISION OF LOCAL LESION OF TESTIS | | | | | |
| 546 | 54520 | ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH | | | | | |
| 546 | 54530 | ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH | | | | | |
| 546 | 54550 | EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA) | | | | | |
| 546 | 54600 | REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATERAL TESTIS | | | | | |
| 546 | 54620 | FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE) | | | | | |
| 546 | 54640 | ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR | | | | | |
| 546 | 54660 | INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE) | | | | | |
| 546 | 54670 | SUTURE OR REPAIR OF TESTICULAR INJURY | | | | | |
| 546 | 54680 | TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION) | | | | | |
| 546 | 54700 | INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR HEMATOMA) | | | | | |
| 546 | 54820 | EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY | | | | | |
| 546 | 54830 | EXCISION OF LOCAL LESION OF EPIDIDYMIS | | | | | |
| 546 | 54840 | EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY | | | | | |
| 546 | 54860 | EPIDIDYMECTOMY; UNILATERAL | | | | | |
| 546 | 54861 | EPIDIDYMECTOMY; BILATERAL | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|--|---|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 546 | 54900 | EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL | | | | | |
| 546 | 54901 | EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL | | | | | |
| 546 | 55060 | REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE) | | | | | |
| 546 | 55110 | SCROTAL EXPLORATION | | | | | |
| 546 | 55120 | REMOVAL OF FOREIGN BODY IN SCROTUM | | | | | |
| 546 | 55150 | RESECTION OF SCROTUM | | | | | |
| 546 | 55175 | SCROTOPLASTY; SIMPLE | | | | | |
| 546 | 55180 | SCROTOPLASTY; COMPLICATED | | | | | |
| 546 | 55200 | VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE) | | | | | |
| 546 | 55250 | VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S) | | | | | |
| 546 | 55400 | VASOVASOSTOMY, VASOVASORRHAPHY | | | | | |
| 546 | 55450 | LIGATION (PERCUTANEOUS) OF VAS DEFERENS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE) | | | | | |
| 546 | 55500 | EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE) | | | | | |
| 546 | 55520 | EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE) | | | | | |
| 546 | 55530 | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE PROCEDURE) | | | | | |
| 546 | 55535 | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL APPROACH | | | | | |
| 546 | 55540 | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH HERNIA REPAIR | | | | | |
| 546 | 55680 | EXCISION OF MULLERIAN DUCT CYST | | | | | |
| 547 | Prostate Biopsy | | T | 4.39 | \$222.44 | \$125.2 | \$44.49 |
| 547 | 55700 | BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH | | | | | |
| 547 | 55705 | BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH | | | | | |
| 550 | Surgical Hysteroscopy | | T | 16.89 | \$855.81 | \$447.93 | \$171.16 |
| 550 | 56351 | HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C | | | | | |
| 550 | 56352 | HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD) | | | | | |
| 550 | 56353 | HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY METHOD) | | | | | |
| 550 | 56354 | HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA | | | | | |
| 550 | 56355 | HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY | | | | | |
| 550 | 56356 | HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (ANY METHOD) | | | | | |
| 551 | Level I Laparoscopy | | T | 24.78 | \$1,255.59 | \$711.67 | \$251.12 |
| 551 | 56300 | LAPAROSCOPY (PERITONEOSCOPY), DIAGNOSTIC; (SEPARATE PROCEDURE) | | | | | |
| 551 | 56301 | LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION) | | | | | |
| 551 | 56302 | LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR FALLOPE RING) | | | | | |
| 551 | 56303 | LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD | | | | | |
| 551 | 56304 | LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEPARATE PROCEDURE) | | | | | |
| 551 | 56305 | LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE) | | | | | |
| 551 | 56306 | LAPAROSCOPY, SURGICAL; WITH ASPIRATION (SINGLE OR MULTIPLE) | | | | | |
| 551 | 56346 | LAPAROSCOPY, SURGICAL; GASTROSTOMY, TEMPORARY (TUBE OR RUBBER OR PLASTIC) (SEPARATE PROCEDURE) | | | | | |
| 552 | Level II Laparoscopy | | T | 37.71 | \$1,910.75 | \$1,053.16 | \$382.15 |
| 552 | 56307 | LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY) | | | | | |
| 552 | 56309 | LAPAROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA (SINGLE OR MULTIPLE) | | | | | |
| 552 | 56311 | LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE | | | | | |
| 552 | 56312 | LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY | | | | | |
| 552 | 56313 | LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE | | | | | |
| 552 | 56316 | LAPAROSCOPY, SURGICAL; REPAIR OF INITIAL INGUINAL HERNIA | | | | | |
| 552 | 56317 | LAPAROSCOPY, SURGICAL; REPAIR OF RECURRENT INGUINAL HERNIA | | | | | |
| 552 | 56318 | LAPAROSCOPY, SURGICAL; ORCHIECTOMY | | | | | |
| 552 | 56320 | LAPAROSCOPY, SURGICAL; WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE | | | | | |
| 552 | 56343 | LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY) | | | | | |
| 552 | 56344 | LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY | | | | | |
| 552 | 56362 | LAPAROSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITHOUT BIOPSY | | | | | |
| 552 | 56363 | LAPAROSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITH BIOPSY | | | | | |
| 561 | Level I Female Reproductive Procedures | | T | 1.52 | \$77.02 | \$24.63 | \$15.4 |
| 561 | 56405 | INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS | | | | | |
| 561 | 56420 | INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS | | | | | |
| 561 | 56441 | LYSIS OF LABIAL ADHESIONS | | | | | |
| 561 | 57061 | DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD | | | | | |
| 561 | 57100 | BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE) | | | | | |
| 561 | 57150 | IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL, PARASITIC, OR FUNGOID DISEASE | | | | | |
| 561 | 57160 | FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE | | | | | |
| 561 | 57170 | DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS | | | | | |
| 561 | 57180 | INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC NONOBSTETRICAL VAGINAL HEMORRHAGE (SEPARATE PROCEDURE) | | | | | |
| 561 | 57452 | COLPOSCOPY (VAGINOSCOPY); (SEPARATE PROCEDURE) | | | | | |
| 561 | 57454 | COLPOSCOPY (VAGINOSCOPY); WITH BIOPSY(S) OF THE CERVIX AND/OR ENDOCERVICAL CURETTAGE | | | | | |
| 561 | 57500 | BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT FULGURATION (SEPARATE PROCEDURE) | | | | | |
| 561 | 57505 | ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE) | | | | | |
| 561 | 57510 | CAUTERIZATION OF CERVIX; ELECTRO OR THERMAL | | | | | |
| 561 | 57511 | CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT | | | | | |
| 561 | 57513 | CAUTERIZATION OF CERVIX; LASER ABLATION | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|--|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 561 | 57800 | DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE) | | | | | |
| 561 | 58100 | ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION, ANY METHOD (SEPARATE PROCEDURE) | | | | | |
| 561 | 58301 | REMOVAL OF INTRAUTERINE DEVICE (IUD) | | | | | |
| 561 | 59200 | INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE) | | | | | |
| 562 | Level II Female Reproductive Procedures | | T | 12.76 | \$646.54 | \$330.75 | \$129.31 |
| 562 | 56350 | HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE) | | | | | |
| 562 | 56399 | UNLISTED PROCEDURE, LAPAROSCOPY, HYSTEROSCOPY | | | | | |
| 562 | 56440 | MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST | | | | | |
| 562 | 56700 | PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING | | | | | |
| 562 | 56720 | HYMENOTOMY, SIMPLE INCISION | | | | | |
| 562 | 56740 | EXCISION OF BARTHOLIN'S GLAND OR CYST | | | | | |
| 562 | 56800 | PLASTIC REPAIR OF INTROITUS | | | | | |
| 562 | 56810 | PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE) | | | | | |
| 562 | 57000 | COLPOTOMY; WITH EXPLORATION | | | | | |
| 562 | 57010 | COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS | | | | | |
| 562 | 57020 | COLPOCENTESIS (SEPARATE PROCEDURE) | | | | | |
| 562 | 57065 | DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE, ANY METHOD | | | | | |
| 562 | 57105 | BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS) | | | | | |
| 562 | 57130 | EXCISION OF VAGINAL SEPTUM | | | | | |
| 562 | 57135 | EXCISION OF VAGINAL CYST OR TUMOR | | | | | |
| 562 | 57200 | COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL) | | | | | |
| 562 | 57210 | COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL) | | | | | |
| 562 | 57230 | PLASTIC REPAIR OF URETHROCELE | | | | | |
| 562 | 57400 | DILATION OF VAGINA UNDER ANESTHESIA | | | | | |
| 562 | 57410 | PELVIC EXAMINATION UNDER ANESTHESIA | | | | | |
| 562 | 57415 | REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA | | | | | |
| 562 | 57460 | COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTRODE EXCISION PROCEDURE OF THE CERVIX | | | | | |
| 562 | 57700 | CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL | | | | | |
| 562 | 57720 | TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH | | | | | |
| 562 | 58345 | TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR RE-ESTABLISHING PATENCY (ANY METHOD), WITH OR WITHOUT HYSTEROSALPINGOGRAPHY | | | | | |
| 562 | 58350 | CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS | | | | | |
| 562 | 58970 | FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL, ANY METHOD | | | | | |
| 562 | 59300 | EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSICIAN | | | | | |
| 562 | 59320 | CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL | | | | | |
| 562 | 59871 | REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL) | | | | | |
| 563 | Level III Female Reproductive Procedures | | T | 16.90 | \$856.31 | \$464.88 | \$171.26 |
| 563 | 56620 | VULVECTOMY SIMPLE; PARTIAL | | | | | |
| 563 | 56625 | VULVECTOMY SIMPLE; COMPLETE | | | | | |
| 563 | 57220 | PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL PLICATION) | | | | | |
| 563 | 57240 | ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE | | | | | |
| 563 | 57250 | POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY | | | | | |
| 563 | 57260 | COMBINED ANTEROPOSTERIOR COLPORRHAPHY; | | | | | |
| 563 | 57265 | COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR | | | | | |
| 563 | 57268 | REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE) | | | | | |
| 563 | 57284 | PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY INCONTINENCE, AND/OR INCOMPLETE VAGINAL PROLAPSE) | | | | | |
| 563 | 57288 | SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC) | | | | | |
| 563 | 57289 | PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY | | | | | |
| 563 | 57291 | CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT | | | | | |
| 563 | 57300 | CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH | | | | | |
| 563 | 57520 | CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR; COLD KNIFE OR LASER | | | | | |
| 563 | 57522 | CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR; LOOP ELECTRODE EXCISION | | | | | |
| 563 | 57530 | TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE) | | | | | |
| 563 | 57550 | EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; | | | | | |
| 563 | 57555 | EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIOR REPAIR | | | | | |
| 563 | 57556 | EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE | | | | | |
| 563 | 58145 | MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARATE PROCEDURE); VAGINAL APPROACH | | | | | |
| 563 | 58800 | DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGINAL APPROACH | | | | | |
| 563 | 58820 | DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN | | | | | |
| 567 | D & C | | T | 13.61 | \$689.61 | \$364.09 | \$137.92 |
| 567 | 57820 | DILATION AND CURETTAGE OF CERVICAL STUMP | | | | | |
| 567 | 58120 | DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL) | | | | | |
| 567 | 59160 | CURRETTAGE, POSTPARTUM | | | | | |
| 568 | Infertility Procedures | | T | 2.49 | \$126.17 | \$49.49 | \$25.23 |
| 568 | 55870 | ELECTROEJACULATION | | | | | |
| 568 | 58321 | ARTIFICIAL INSEMINATION; INTRA-CERVICAL | | | | | |
| 568 | 58322 | ARTIFICIAL INSEMINATION; INTRA-UTERINE | | | | | |
| 568 | 58323 | SPERM WASHING FOR ARTIFICIAL INSEMINATION | | | | | |
| 568 | 58974 | EMBRYO TRANSFER, INTRAUTERINE | | | | | |

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|--|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 568 | 58976 | GAMETE, ZYGOTE, OR EMBRYO INTRAFALLOPIAN TRANSFER, ANY METHOD | | | | | |
| 578 | Pregnancy and Neonatal Care Procedures | | T | 1.26 | \$63.84 | \$33.9 | \$12.77 |
| 578 | 59000 | AMNIOCENTESIS, ANY METHOD | | | | | |
| 578 | 59012 | CORDOCENTESIS (INTRAUTERINE), ANY METHOD | | | | | |
| 578 | 59015 | CHORIONIC VILLUS SAMPLING, ANY METHOD | | | | | |
| 578 | 59020 | FETAL CONTRACTION STRESS TEST | | | | | |
| 578 | 59025 | FETAL NON-STRESS TEST | | | | | |
| 578 | 59030 | FETAL SCALP BLOOD SAMPLING | | | | | |
| 578 | 59050 | FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING PHYSICIAN) WITH WRITTEN REPORT; SUPER-VISION AND INTERPRETATION | | | | | |
| 578 | 59899 | UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY | | | | | |
| 580 | Vaginal Delivery | | T | 4.59 | \$232.57 | \$146.34 | \$46.51 |
| 580 | 59409 | VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); | | | | | |
| 580 | 59412 | EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS (LIST IN ADDITION TO CODE(S) FOR DELIVERY) | | | | | |
| 580 | 59414 | DELIVERY OF PLACENTA (SEPARATE PROCEDURE) | | | | | |
| 580 | 59612 | VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); | | | | | |
| 586 | Therapeutic Abortion | | T | 12.5 | \$633.37 | \$431.89 | \$126.67 |
| 586 | 59840 | INDUCED ABORTION, BY DILATION AND CURETTAGE | | | | | |
| 586 | 59841 | INDUCED ABORTION, BY DILATION AND EVACUATION | | | | | |
| 587 | Spontaneous Abortion | | T | 13.25 | \$671.37 | \$347.02 | \$134.27 |
| 587 | 59812 | TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY | | | | | |
| 587 | 59820 | TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER | | | | | |
| 587 | 59821 | TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER | | | | | |
| 587 | 59870 | UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE | | | | | |
| 600 | Spinal Tap | | T | 2.63 | \$133.26 | \$61.47 | \$26.65 |
| 600 | 62270 | SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC | | | | | |
| 600 | 62272 | SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF SPINAL FLUID (BY NEEDLE OR CATHETER) | | | | | |
| 601 | Level I Nervous System Injections | | T | 3.11 | \$157.58 | \$74.13 | \$31.52 |
| 601 | 64400 | INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH | | | | | |
| 601 | 64402 | INJECTION, ANESTHETIC AGENT; FACIAL NERVE | | | | | |
| 601 | 64405 | INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE | | | | | |
| 601 | 64408 | INJECTION, ANESTHETIC AGENT; VAGUS NERVE | | | | | |
| 601 | 64410 | INJECTION, ANESTHETIC AGENT; PHRENIC NERVE | | | | | |
| 601 | 64412 | INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERVE | | | | | |
| 601 | 64413 | INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS | | | | | |
| 601 | 64415 | INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS | | | | | |
| 601 | 64417 | INJECTION, ANESTHETIC AGENT; AXILLARY NERVE | | | | | |
| 601 | 64418 | INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE | | | | | |
| 601 | 64420 | INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE | | | | | |
| 601 | 64421 | INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK | | | | | |
| 601 | 64425 | INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES | | | | | |
| 601 | 64430 | INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE | | | | | |
| 601 | 64435 | INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE | | | | | |
| 601 | 64440 | INJECTION, ANESTHETIC AGENT; PARAVERTEBRAL NERVE (THORACIC, LUMBAR, SACRAL, COCCYGEAL), SINGLE VERTEBRAL LEVEL | | | | | |
| 601 | 64441 | INJECTION, ANESTHETIC AGENT; PARAVERTEBRAL NERVES, MULTIPLE LEVELS (EG, REGIONAL BLOCK) | | | | | |
| 601 | 64442 | INJECTION, ANESTHETIC AGENT; PARAVERTEBRAL FACET JOINT NERVE, LUMBAR, SINGLE LEVEL | | | | | |
| 601 | 64443 | INJECTION, ANESTHETIC AGENT; PARAVERTEBRAL FACET JOINT NERVE, LUMBAR, EACH ADDITIONAL LEVEL | | | | | |
| 601 | 64445 | INJECTION, ANESTHETIC AGENT; SCIATIC NERVE | | | | | |
| 601 | 64450 | INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH | | | | | |
| 601 | 64505 | INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION | | | | | |
| 601 | 64508 | INJECTION, ANESTHETIC AGENT; CAROTID SINUS (SEPARATE PROCEDURE) | | | | | |
| 601 | 64510 | INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC) | | | | | |
| 601 | 64520 | INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC) | | | | | |
| 601 | 64530 | INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING | | | | | |
| 601 | 64600 | DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, MENTAL, OR INFERIOR ALVEOLAR BRANCH | | | | | |
| 601 | 64605 | DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE | | | | | |
| 601 | 64610 | DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE UNDER RADIOLOGIC MONITORING | | | | | |
| 601 | 64612 | DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); MUSCLES ENERVATED BY FACIAL NERVE (EG, FOR BLEPHAROSPASM, HEMIFACIAL SPASM) | | | | | |
| 601 | 64613 | DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); CERVICAL SPINAL MUSCLES (EG, FOR SPASMODIC TORTICOLLIS) | | | | | |
| 601 | 64620 | DESTRUCTION BY NEUROLYTIC AGENT; INTERCOSTAL NERVE | | | | | |
| 601 | 64622 | DESTRUCTION BY NEUROLYTIC AGENT; PARAVERTEBRAL FACET JOINT NERVE, LUMBAR, SINGLE LEVEL | | | | | |
| 601 | 64623 | DESTRUCTION BY NEUROLYTIC AGENT; PARAVERTEBRAL FACET JOINT NERVE, LUMBAR, EACH ADDITIONAL LEVEL | | | | | |
| 601 | 64630 | DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE | | | | | |
| 601 | 64640 | DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH | | | | | |
| 601 | 64680 | DESTRUCTION BY NEUROLYTIC AGENT, CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING | | | | | |
| 601 | 64999 | UNLISTED PROCEDURE, NERVOUS SYSTEM | | | | | |
| 602 | Level II Nervous System Injections | | T | 3.33 | \$168.73 | \$87.69 | \$33.75 |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|--|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 602 | 61000 | SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INITIAL | | | | | |
| 602 | 61001 | SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; SUBSEQUENT TAPS | | | | | |
| 602 | 61020 | VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR; WITHOUT INJECTION | | | | | |
| 602 | 61026 | VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR; WITH INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT | | | | | |
| 602 | 61050 | CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE PROCEDURE) | | | | | |
| 602 | 61055 | CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT (EG, C1-C2) | | | | | |
| 602 | 61070 | PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE | | | | | |
| 602 | 62194 | REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER | | | | | |
| 602 | 62225 | REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER | | | | | |
| 602 | 62268 | PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX | | | | | |
| 602 | 62273 | INJECTION, LUMBAR EPIDURAL, OF BLOOD OR CLOT PATCH | | | | | |
| 602 | 62274 | INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); SUBARACHNOID OR SUBDURAL, SINGLE | | | | | |
| 602 | 62275 | INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); EPIDURAL, CERVICAL OR THORACIC, SINGLE | | | | | |
| 602 | 62276 | INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); SUBARACHNOID OR SUBDURAL, DIFFERENTIAL | | | | | |
| 602 | 62277 | INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); SUBARACHNOID OR SUBDURAL, CONTINUOUS | | | | | |
| 602 | 62278 | INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); EPIDURAL, LUMBAR OR CAUDAL, SINGLE | | | | | |
| 602 | 62279 | INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); EPIDURAL, LUMBAR OR CAUDAL, CONTINUOUS | | | | | |
| 602 | 62280 | INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); SUBARACHNOID | | | | | |
| 602 | 62281 | INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); EPIDURAL, CERVICAL OR THORACIC | | | | | |
| 602 | 62282 | INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); EPIDURAL, LUMBAR OR CAUDAL | | | | | |
| 602 | 62288 | INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, ANTISPASMODIC, CONTRAST, OR NEUROLYTIC SOLUTIONS; SUBARACHNOID (SEPARATE PROCEDURE) | | | | | |
| 602 | 62289 | INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, ANTISPASMODIC, CONTRAST, OR NEUROLYTIC SOLUTIONS; LUMBAR OR CAUDAL EPIDURAL (SEPARATE PROCEDURE) | | | | | |
| 602 | 62292 | INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTEBRAL DISK, SINGLE OR MULTIPLE LEVELS, LUMBAR | | | | | |
| 602 | 62294 | INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION, SPINAL | | | | | |
| 602 | 62298 | INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, CONTRAST, OR NEUROLYTIC SOLUTIONS, EPIDURAL, CERVICAL OR THORACIC (SEPARATE PROCEDURE) | | | | | |
| 616 | Implantation of Neurostimulator Electrodes | | T | 14.43 | \$731.16 | \$366.57 | \$146.23 |
| 616 | 63650 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL | | | | | |
| 616 | 64553 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE | | | | | |
| 616 | 64555 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE | | | | | |
| 616 | 64560 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; AUTONOMIC NERVE | | | | | |
| 616 | 64565 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR | | | | | |
| 616 | 64573 | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE | | | | | |
| 616 | 64575 | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE | | | | | |
| 616 | 64577 | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; AUTONOMIC NERVE | | | | | |
| 616 | 64580 | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR | | | | | |
| 617 | Revision/Removal Neurological Device | | T | 11.56 | \$585.74 | \$287.59 | \$117.15 |
| 617 | 62230 | REPLACEMENT OR REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR DISTAL CATHETER IN SHUNT SYSTEM | | | | | |
| 617 | 62350 | IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER, FOR IMPLANTABLE RESERVOIR OR IMPLANTABLE INFUSION PUMP; WITHOUT LAMINECTOMY | | | | | |
| 617 | 62355 | REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER | | | | | |
| 617 | 62365 | REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL OR EPIDURAL INFUSION | | | | | |
| 617 | 63660 | REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODES | | | | | |
| 617 | 63688 | REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER | | | | | |
| 617 | 63744 | REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT | | | | | |
| 617 | 63746 | REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT | | | | | |
| 617 | 64585 | REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES | | | | | |
| 617 | 64595 | REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER | | | | | |
| 618 | Implantation of Neurological Device | | T | 25.56 | \$1,295.11 | \$780.49 | \$259.02 |
| 618 | 61215 | INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR CONNECTION TO VENTRICULAR CATHETER | | | | | |
| 618 | 61885 | INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING | | | | | |
| 618 | 62360 | IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR | | | | | |
| 618 | 62361 | IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; NON-PROGRAMMABLE PUMP | | | | | |
| 618 | 62362 | IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP, WITH OR WITHOUT PROGRAMMING | | | | | |
| 618 | 63685 | INCISION AND SUBCUTANEOUS PLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING | | | | | |
| 618 | 64590 | INCISION AND SUBCUTANEOUS PLACEMENT OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|---------------------------|---|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 631 | Level I Nerve Procedures | | T | 12.98 | \$657.69 | \$333.8 | \$131.54 |
| 631 | 27315 | NEURECTOMY, HAMSTRING MUSCLE | | | | | |
| 631 | 27320 | NEURECTOMY, POPLITEAL (GASTROCNEMIUS) | | | | | |
| 631 | 28030 | NEURECTOMY OF INTRINSIC MUSCULATURE OF FOOT | | | | | |
| 631 | 28035 | TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION) | | | | | |
| 631 | 61790 | CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRIC, RADIOFREQUENCY); GASSERIAN GANGLION | | | | | |
| 631 | 62287 | ASPIRATION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISK, ANY METHOD, SINGLE OR MULTIPLE LEVELS, LUMBAR | | | | | |
| 631 | 63600 | CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODALITY (INCLUDING STIMULATION AND/OR RECORDING) | | | | | |
| 631 | 63610 | STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT FOLLOWED BY OTHER SURGERY | | | | | |
| 631 | 63615 | STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION, SPINAL CORD | | | | | |
| 631 | 64702 | NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT | | | | | |
| 631 | 64704 | NEUROPLASTY; NERVE OF HAND OR FOOT | | | | | |
| 631 | 64708 | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED | | | | | |
| 631 | 64712 | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE | | | | | |
| 631 | 64713 | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS | | | | | |
| 631 | 64714 | NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS | | | | | |
| 631 | 64716 | NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY) | | | | | |
| 631 | 64718 | NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW | | | | | |
| 631 | 64719 | NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST | | | | | |
| 631 | 64721 | NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL | | | | | |
| 631 | 64722 | DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY) | | | | | |
| 631 | 64726 | DECOMPRESSION; PLANTAR DIGITAL NERVE | | | | | |
| 631 | 64727 | INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLASTY) (NEUROPLASTY INCLUDES EXTERNAL NEUROLYSIS) | | | | | |
| 631 | 64732 | TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE | | | | | |
| 631 | 64734 | TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE | | | | | |
| 631 | 64736 | TRANSECTION OR AVULSION OF; MENTAL NERVE | | | | | |
| 631 | 64738 | TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOATOMY | | | | | |
| 631 | 64740 | TRANSECTION OR AVULSION OF; LINGUAL NERVE | | | | | |
| 631 | 64742 | TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE | | | | | |
| 631 | 64744 | TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE | | | | | |
| 631 | 64746 | TRANSECTION OR AVULSION OF; PHRENIC NERVE | | | | | |
| 631 | 64761 | TRANSECTION OR AVULSION OF; PUDENDAL NERVE | | | | | |
| 631 | 64771 | TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL | | | | | |
| 631 | 64772 | TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL | | | | | |
| 631 | 64774 | EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE | | | | | |
| 631 | 64776 | EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT | | | | | |
| 631 | 64778 | EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY BY THIS NUMBER) | | | | | |
| 631 | 64782 | EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE | | | | | |
| 631 | 64783 | EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT (LIST SEPARATELY BY THIS NUMBER) | | | | | |
| 631 | 64784 | EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC | | | | | |
| 631 | 64787 | IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO NEUROMA EXCISION) | | | | | |
| 631 | 64788 | EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE | | | | | |
| 631 | 64790 | EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE | | | | | |
| 631 | 64795 | BIOPSY OF NERVE | | | | | |
| 631 | 64830 | MICRODISSECTION AND/OR MICROREPAIR OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE REPAIR) | | | | | |
| 632 | Level II Nerve Procedures | | T | 18.13 | \$918.64 | \$461.04 | \$183.73 |
| 632 | 64786 | EXCISION OF NEUROMA; SCIATIC NERVE | | | | | |
| 632 | 64792 | EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE) | | | | | |
| 632 | 64831 | SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE | | | | | |
| 632 | 64832 | SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE | | | | | |
| 632 | 64834 | SUTURE OF ONE NERVE, HAND OR FOOT; COMMON SENSORY NERVE | | | | | |
| 632 | 64835 | SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR | | | | | |
| 632 | 64836 | SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR | | | | | |
| 632 | 64837 | SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT | | | | | |
| 632 | 64840 | SUTURE OF POSTERIOR TIBIAL NERVE | | | | | |
| 632 | 64856 | SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION | | | | | |
| 632 | 64857 | SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION | | | | | |
| 632 | 64858 | SUTURE OF SCIATIC NERVE | | | | | |
| 632 | 64859 | SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE | | | | | |
| 632 | 64861 | SUTURE OF; BRACHIAL PLEXUS | | | | | |
| 632 | 64862 | SUTURE OF; LUMBAR PLEXUS | | | | | |
| 632 | 64864 | SUTURE OF FACIAL NERVE; EXTRACRANIAL | | | | | |
| 632 | 64865 | SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING | | | | | |
| 632 | 64870 | ANASTOMOSIS; FACIAL-PHRENIC | | | | | |
| 632 | 64872 | SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEURORRHAPHY) | | | | | |
| 632 | 64874 | SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE) | | | | | |
| 632 | 64876 | SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE) | | | | | |
| 632 | 64885 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH | | | | | |

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|--|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 632 | 64886 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM LENGTH | | | | | |
| 632 | 64890 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM LENGTH | | | | | |
| 632 | 64891 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN 4 CM LENGTH | | | | | |
| 632 | 64892 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH | | | | | |
| 632 | 64893 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4 CM LENGTH | | | | | |
| 632 | 64895 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; UP TO 4 CM LENGTH | | | | | |
| 632 | 64896 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; MORE THAN 4 CM LENGTH | | | | | |
| 632 | 64897 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; UP TO 4 CM LENGTH | | | | | |
| 632 | 64898 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; MORE THAN 4 CM LENGTH | | | | | |
| 632 | 64901 | NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND | | | | | |
| 632 | 64902 | NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) | | | | | |
| 632 | 64905 | NERVE PEDICLE TRANSFER; FIRST STAGE | | | | | |
| 632 | 64907 | NERVE PEDICLE TRANSFER; SECOND STAGE | | | | | |
| 648 | Laser Retinal Procedures | | T | 3.94 | \$199.64 | \$95.15 | \$39.93 |
| 648 | 67105 | REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION, WITH OR WITHOUT DRAINAGE OF SUBRETINAL FLUID | | | | | |
| 648 | 67145 | PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESSIONS; PHOTOCOAGULATION (LASER OR XENON ARC) | | | | | |
| 648 | 67210 | DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; PHOTOCOAGULATION (LASER OR XENON ARC) | | | | | |
| 648 | 67228 | DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; PHOTOCOAGULATION (LASER OR XENON ARC) | | | | | |
| 649 | Laser Eye Procedures except Retinal | | T | 4.44 | \$224.97 | \$111.64 | \$44.99 |
| 649 | 65855 | TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT SERIES) | | | | | |
| 649 | 65860 | SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE) | | | | | |
| 649 | 66761 | IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE SESSIONS) | | | | | |
| 649 | 66762 | IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROVEMENT OF VISION, FOR WIDENING OF ANTERIOR CHAMBER ANGLE) | | | | | |
| 649 | 66770 | DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE) | | | | | |
| 649 | 66821 | DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG, YAG LASER) (ONE OR MORE STAGES) | | | | | |
| 649 | 66999 | UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE | | | | | |
| 649 | 67031 | SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR OPACITIES, LASER SURGERY (ONE OR MORE STAGES) | | | | | |
| 649 | 67299 | UNLISTED PROCEDURE, POSTERIOR SEGMENT | | | | | |
| 651 | Level I Anterior Segment Eye Procedures | | T | 7.24 | \$366.85 | \$174.7 | \$73.37 |
| 651 | 65272 | REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT HOSPITALIZATION | | | | | |
| 651 | 65275 | REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN BODY | | | | | |
| 651 | 65286 | REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA | | | | | |
| 651 | 65420 | EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT | | | | | |
| 651 | 65436 | REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA) | | | | | |
| 651 | 65450 | DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR THERMOCAUTERIZATION | | | | | |
| 651 | 65772 | CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM | | | | | |
| 651 | 65810 | PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF VITREOUS AND/OR DISCISSION OF ANTERIOR HYALOID MEMBRANE, WITH OR WITHOUT AIR INJECTION | | | | | |
| 651 | 65815 | PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF BLOOD, WITH OR WITHOUT IRRIGATION AND/OR AIR INJECTION | | | | | |
| 651 | 65820 | GONIOTOMY | | | | | |
| 651 | 66130 | EXCISION OF LESION, SCLERA | | | | | |
| 651 | 66500 | IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION | | | | | |
| 651 | 66505 | IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS BOMBE | | | | | |
| 651 | 66600 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION | | | | | |
| 651 | 66625 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA (SEPARATE PROCEDURE) | | | | | |
| 651 | 66630 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA (SEPARATE PROCEDURE) | | | | | |
| 651 | 66700 | CILIARY BODY DESTRUCTION; DIATHERMY | | | | | |
| 651 | 66710 | CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION | | | | | |
| 651 | 66720 | CILIARY BODY DESTRUCTION; CRYOTHERAPY | | | | | |
| 651 | 66820 | DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); STAB INCISION TECHNIQUE (ZIEGLER OR WHEELER KNIFE) | | | | | |
| 651 | 66825 | REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE PROCEDURE) | | | | | |
| 652 | Level II Anterior Segment Eye Procedures | | T | 16.48 | \$835.03 | \$433.69 | \$167.01 |
| 652 | 65235 | REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OR LENS | | | | | |
| 652 | 65280 | REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL TISSUE | | | | | |
| 652 | 65285 | REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR RESECTION OF UVEAL TISSUE | | | | | |
| 652 | 65400 | EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM | | | | | |
| 652 | 65426 | EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT | | | | | |
| 652 | 65770 | KERATOPROSTHESIS | | | | | |
| 652 | 65775 | CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM | | | | | |
| 652 | 65850 | TRABECULOTOMY AB EXTERNO | | | | | |
| 652 | 65865 | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); GONIOSYNECHIAE | | | | | |
| 652 | 65870 | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); ANTERIOR SYNECHIAE, EXCEPT GONIOSYNECHIAE | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|-------------------------------------|---|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 652 | 65875 | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); POSTERIOR SYNECHIAE | | | | | |
| 652 | 65880 | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE PROCEDURE); CORNEOVITREAL ADHESIONS | | | | | |
| 652 | 65900 | REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER EYE | | | | | |
| 652 | 65920 | REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT EYE | | | | | |
| 652 | 65930 | REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE | | | | | |
| 652 | 66150 | FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY | | | | | |
| 652 | 66155 | FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY | | | | | |
| 652 | 66160 | FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH IRIDECTOMY | | | | | |
| 652 | 66165 | FISTULIZATION OF SCLERA FOR GLAUCOMA; IRIDENCELEISIS OR IRIDOTASIS | | | | | |
| 652 | 66170 | FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF PREVIOUS SURGERY | | | | | |
| 652 | 66172 | FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING FROM PREVIOUS OCULAR SURGERY OR TRAUMA (INCLUDES INJECTION OF ANTIFIBROTIC AGENTS) | | | | | |
| 652 | 66180 | AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR (EG, MOLTENO, SCHOCKET, DENVER-KRUPIN) | | | | | |
| 652 | 66185 | REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR | | | | | |
| 652 | 66225 | REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT | | | | | |
| 652 | 66250 | REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR LATE, MAJOR OR MINOR PROCEDURE | | | | | |
| 652 | 66605 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY | | | | | |
| 652 | 66635 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE PROCEDURE) | | | | | |
| 652 | 66680 | REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS) | | | | | |
| 652 | 66682 | SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE THROUGH SMALL INCISION (EG, MCCANNEL SUTURE) | | | | | |
| 652 | 66740 | CILIARY BODY DESTRUCTION; CYCLODIALYSIS | | | | | |
| 652 | 66830 | REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID) WITH CORNEO-SCLERAL SECTION, WITH OR WITHOUT IRIDECTOMY (IRIDOCAPSULOTOMY, IRIDOCAPSULECTOMY) | | | | | |
| 652 | 68130 | EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA | | | | | |
| 652 | 68330 | REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT | | | | | |
| 652 | 68360 | CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE) | | | | | |
| 652 | 68362 | CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP) | | | | | |
| 667 | Cataract Procedures | | T | 15.33 | \$776.40 | \$521.72 | \$155.28 |
| 667 | 66840 | REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES | | | | | |
| 667 | 66850 | REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG, PHACOEMULSIFICATION), WITH ASPIRATION | | | | | |
| 667 | 66852 | REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY | | | | | |
| 667 | 66920 | REMOVAL OF LENS MATERIAL; INTRACAPSULAR | | | | | |
| 667 | 66930 | REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS | | | | | |
| 667 | 66940 | REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852) | | | | | |
| 668 | Cataract Procedures with IOL Insert | | T | 19.28 | \$976.91 | \$530.87 | \$195.38 |
| 668 | 66983 | INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE) | | | | | |
| 668 | 66984 | EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION) | | | | | |
| 668 | 66985 | INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED WITH CONCURRENT CATARACT REMOVAL | | | | | |
| 668 | 66986 | EXCHANGE OF INTRAOCULAR LENS | | | | | |
| 670 | Corneal Transplant | | T | 29.23 | \$1,481.07 | \$847.5 | \$296.21 |
| 670 | 65710 | KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR | | | | | |
| 670 | 65730 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA) | | | | | |
| 670 | 65750 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA) | | | | | |
| 670 | 65755 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA) | | | | | |
| 676 | Posterior Segment Eye Procedures | | T | 6.3 | \$319.22 | \$140.35 | \$63.84 |
| 676 | 65260 | REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE | | | | | |
| 676 | 65265 | REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION | | | | | |
| 676 | 66220 | REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT | | | | | |
| 676 | 67005 | REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); PARTIAL REMOVAL | | | | | |
| 676 | 67010 | REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); SUBTOTAL REMOVAL WITH MECHANICAL VITRECTOMY | | | | | |
| 676 | 67015 | ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA APPROACH (POSTERIOR SCLEROTOMY) | | | | | |
| 676 | 67030 | DISSECTION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH | | | | | |
| 676 | 67101 | REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR DIATHERMY, WITH OR WITHOUT DRAINAGE OF SUBRETINAL FLUID | | | | | |
| 676 | 67110 | REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMATIC RETINOPEXY) | | | | | |
| 676 | 67115 | RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT) | | | | | |
| 676 | 67120 | REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR | | | | | |
| 676 | 67121 | REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR | | | | | |
| 676 | 67141 | PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY | | | | | |
| 676 | 67208 | DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY | | | | | |
| 676 | 67218 | DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS; RADIATION BY IMPLANTATION OF SOURCE (INCLUDES REMOVAL OF SOURCE) | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|------------------------------|---|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 676 | 67227 | DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY | | | | | |
| 676 | 92018 | OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION OF GLOBE FOR PASSIVE RANGE OF MOTION OR OTHER MANIPULATION TO FACILITATE DIAGNOSTIC EXAMINATION; COMPLETE | | | | | |
| 676 | 92019 | OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION OF GLOBE FOR PASSIVE RANGE OF MOTION OR OTHER MANIPULATION TO FACILITATE DIAGNOSTIC EXAMINATION; LIMITED | | | | | |
| 677 | Strabismus/Muscle Procedures | | T | 16.26 | \$823.89 | \$436.63 | \$164.78 |
| 677 | 65290 | REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE | | | | | |
| 677 | 67311 | STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE HORIZONTAL MUSCLE | | | | | |
| 677 | 67312 | STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSCLES | | | | | |
| 677 | 67314 | STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE VERTICAL MUSCLE (EXCLUDING SUPERIOR OBLIQUE) | | | | | |
| 677 | 67316 | STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO OR MORE VERTICAL MUSCLES (EXCLUDING SUPERIOR OBLIQUE) | | | | | |
| 677 | 67318 | STRABISMUS SURGERY, ANY PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON), SUPERIOR OBLIQUE MUSCLE | | | | | |
| 677 | 67320 | TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MUSCLE (SPECIFY) | | | | | |
| 677 | 67331 | STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES | | | | | |
| 677 | 67332 | STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR OCULAR INJURY, STRABISMUS OR RETINAL DETACHMENT SURGERY) OR RESTRICTIVE MYOPATHY (EG, DYSTHYROID OPHTHALMOPATHY) | | | | | |
| 677 | 67334 | STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT MUSCLE RECESSIO | | | | | |
| 677 | 67335 | PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING POSTOPERATIVE ADJUSTMENT(S) OF SUTURE(S) (REPORT IN ADDITION TO CODE FOR SPECIFIC STRABISMUS SURGERY) | | | | | |
| 677 | 67340 | STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S) | | | | | |
| 677 | 67343 | RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE PROCEDURE) | | | | | |
| 681 | Level I Eye Procedures | | T | 1.67 | \$84.62 | \$30.51 | \$16.92 |
| 681 | 65125 | MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT OF PEGS (EG, DRILLING RECEPTACLE FOR PROSTHESIS APPENDAGE) (SEPARATE PROCEDURE) | | | | | |
| 681 | 65205 | REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL | | | | | |
| 681 | 65210 | REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CONCRETIONS), SUBCONJUNCTIVAL, OR SCLERAL NONPERFORATING | | | | | |
| 681 | 65220 | REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP | | | | | |
| 681 | 65222 | REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP | | | | | |
| 681 | 65430 | SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE | | | | | |
| 681 | 65435 | REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION, CURETTAGE) | | | | | |
| 681 | 65600 | MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO) | | | | | |
| 681 | 67345 | CHEMODENERVATION OF EXTRAOCULAR MUSCLE | | | | | |
| 681 | 67500 | RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY OF MEDICATION) | | | | | |
| 681 | 67505 | RETROBULBAR INJECTION; ALCOHOL | | | | | |
| 681 | 67515 | INJECTION OF THERAPEUTIC AGENT INTO TENON'S CAPSULE | | | | | |
| 681 | 67599 | UNLISTED PROCEDURE, ORBIT | | | | | |
| 681 | 68200 | SUBCONJUNCTIVAL INJECTION | | | | | |
| 681 | 68761 | CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH | | | | | |
| 681 | 68899 | UNLISTED PROCEDURE, LACRIMAL SYSTEM | | | | | |
| 682 | Level II Eye Procedures | | T | 3.54 | \$179.37 | \$81.36 | \$35.87 |
| 682 | 67028 | INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE) | | | | | |
| 682 | 67700 | BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID | | | | | |
| 682 | 67710 | SEVERING OF TARSORRHAPHY | | | | | |
| 682 | 67800 | EXCISION OF CHALAZION; SINGLE | | | | | |
| 682 | 67801 | EXCISION OF CHALAZION; MULTIPLE, SAME LID | | | | | |
| 682 | 67805 | EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS | | | | | |
| 682 | 67810 | BIOPSY OF EYELID | | | | | |
| 682 | 67820 | CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY | | | | | |
| 682 | 67825 | CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY ELECTROSURGERY, CRYOTHERAPY, LASER SURGERY) | | | | | |
| 682 | 67840 | EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE DIRECT CLOSURE | | | | | |
| 682 | 67850 | DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM) | | | | | |
| 682 | 67875 | TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE) | | | | | |
| 682 | 67915 | REPAIR OF ECTROPION; THERMOCAUTERIZATION | | | | | |
| 682 | 67922 | REPAIR OF ENTROPION; THERMOCAUTERIZATION | | | | | |
| 682 | 67930 | SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE; PARTIAL THICKNESS | | | | | |
| 682 | 67938 | REMOVAL OF EMBEDDED FOREIGN BODY, EYELID | | | | | |
| 682 | 67999 | UNLISTED PROCEDURE, EYELIDS | | | | | |
| 682 | 68020 | INCISION OF CONJUNCTIVA, DRAINAGE OF CYST | | | | | |
| 682 | 68040 | EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA) | | | | | |
| 682 | 68400 | INCISION, DRAINAGE OF LACRIMAL GLAND | | | | | |
| 682 | 68420 | INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY) | | | | | |
| 682 | 68440 | SNIP INCISION OF LACRIMAL PUNCTUM | | | | | |
| 682 | 68530 | REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES | | | | | |
| 682 | 68705 | CORRECTION OF EVERTED PUNCTUM, CAUTERY | | | | | |
| 682 | 68760 | CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER SURGERY | | | | | |
| 682 | 68801 | DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION | | | | | |

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|--------------------------|---|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 682 | 68840 | PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION | | | | | |
| 683 | Level III Eye Procedures | | T | 10.19 | \$516.32 | \$257.87 | \$103.26 |
| 683 | 65175 | REMOVAL OF OCULAR IMPLANT | | | | | |
| 683 | 65410 | BIOPSY OF CORNEA | | | | | |
| 683 | 65800 | PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH DIAGNOSTIC ASPIRATION OF AQUEOUS | | | | | |
| 683 | 65805 | PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH THERAPEUTIC RELEASE OF AQUEOUS | | | | | |
| 683 | 66020 | INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); AIR OR LIQUID | | | | | |
| 683 | 66030 | INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); MEDICATION | | | | | |
| 683 | 67025 | INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS EXCHANGE), WITH OR WITHOUT ASPIRATION (SEPARATE PROCEDURE) | | | | | |
| 683 | 67715 | CANTHOTOMY (SEPARATE PROCEDURE) | | | | | |
| 683 | 67830 | CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN | | | | | |
| 683 | 67880 | CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY | | | | | |
| 683 | 67935 | SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE; FULL THICKNESS | | | | | |
| 683 | 68510 | BIOPSY OF LACRIMAL GLAND | | | | | |
| 683 | 68525 | BIOPSY OF LACRIMAL SAC | | | | | |
| 683 | 68810 | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; | | | | | |
| 684 | Level IV Eye Procedures | | T | 13.48 | \$683.02 | \$348.94 | \$136.6 |
| 684 | 65091 | EVISCERATION OF OCULAR CONTENTS; WITHOUT IMPLANT | | | | | |
| 684 | 65093 | EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT | | | | | |
| 684 | 65101 | ENUCLEATION OF EYE; WITHOUT IMPLANT | | | | | |
| 684 | 65103 | ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT | | | | | |
| 684 | 65105 | ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT | | | | | |
| 684 | 65130 | INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL | | | | | |
| 684 | 65135 | INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED TO IMPLANT | | | | | |
| 684 | 65140 | INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO IMPLANT | | | | | |
| 684 | 65150 | REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT | | | | | |
| 684 | 65155 | REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AND/OR ATTACHMENT OF MUSCLES TO IMPLANT | | | | | |
| 684 | 67250 | SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT | | | | | |
| 684 | 67255 | SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT | | | | | |
| 684 | 67400 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLORATION, WITH OR WITHOUT BIOPSY | | | | | |
| 684 | 67405 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH DRAINAGE ONLY | | | | | |
| 684 | 67412 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF LESION | | | | | |
| 684 | 67413 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF FOREIGN BODY | | | | | |
| 684 | 67550 | ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION | | | | | |
| 684 | 67560 | ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION | | | | | |
| 684 | 67808 | EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION, SINGLE OR MULTIPLE | | | | | |
| 684 | 67835 | CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE GRAFT | | | | | |
| 684 | 67882 | CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; WITH TRANSPOSITION OF TARSAL PLATE | | | | | |
| 684 | 67900 | REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) | | | | | |
| 684 | 67901 | REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL | | | | | |
| 684 | 67902 | REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA) | | | | | |
| 684 | 67903 | REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH | | | | | |
| 684 | 67904 | REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH | | | | | |
| 684 | 67906 | REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA) | | | | | |
| 684 | 67908 | REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE) | | | | | |
| 684 | 67909 | REDUCTION OF OVERCORRECTION OF PTOSIS | | | | | |
| 684 | 67911 | CORRECTION OF LID RETRACTION | | | | | |
| 684 | 67914 | REPAIR OF ECTROPION; SUTURE | | | | | |
| 684 | 67916 | REPAIR OF ECTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE | | | | | |
| 684 | 67917 | REPAIR OF ECTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, KUHN-TSZYMANOWSKI OR TARSAL STRIP OPERATIONS) | | | | | |
| 684 | 67921 | REPAIR OF ENTROPION; SUTURE | | | | | |
| 684 | 67923 | REPAIR OF ENTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE | | | | | |
| 684 | 67924 | REPAIR OF ENTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, WHEELER OPERATION) | | | | | |
| 684 | 67950 | CANTHOPLASTY (RECONSTRUCTION OF CANTHUS) | | | | | |
| 684 | 67961 | EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PREPARATION FOR SKIN GRAFT OR PEDICLE FLAP WITH ADJACENT TISSUE TRANSFER OR REARRANGEMENT; UP TO ONE-FOURTH OF LID MARGIN | | | | | |
| 684 | 67966 | EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE PREPARATION FOR SKIN GRAFT OR PEDICLE FLAP WITH ADJACENT TISSUE TRANSFER OR REARRANGEMENT; OVER ONE-FOURTH OF LID MARGIN | | | | | |
| 684 | 67971 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; UP TO TWO-THIRDS OF EYELID, ONE STAGE OR FIRST STAGE | | | | | |
| 684 | 67973 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, LOWER, ONE STAGE OR FIRST STAGE | | | | | |
| 684 | 67974 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, UPPER, ONE STAGE OR FIRST STAGE | | | | | |
| 684 | 67975 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; SECOND STAGE | | | | | |
| 684 | 68320 | CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|-------------------|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 684 | 68325 | CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 684 | 68326 | CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT | | | | | |
| 684 | 68328 | CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT) | | | | | |
| 684 | 68335 | REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (INCLUDES OBTAINING GRAFT) | | | | | |
| 684 | 68340 | REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS | | | | | |
| 684 | 68500 | EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL | | | | | |
| 684 | 68505 | EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL | | | | | |
| 684 | 68520 | EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY) | | | | | |
| 684 | 68540 | EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH | | | | | |
| 684 | 68550 | EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOATOMY | | | | | |
| 684 | 68700 | PLASTIC REPAIR OF CANALICULI | | | | | |
| 684 | 68720 | DACRYOCYSTORRHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY) | | | | | |
| 684 | 68745 | CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT TUBE | | | | | |
| 684 | 68750 | CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH INSERTION OF TUBE OR STENT | | | | | |
| 684 | 68770 | CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE) | | | | | |
| 684 | 68811 | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL ANESTHESIA | | | | | |
| 684 | 68815 | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF TUBE OR STENT | | | | | |
| 690 | Vitreotomy | | T | 30.54 | \$1,547.45 | \$852.02 | \$309.49 |
| 690 | 67027 | IMPLANTATION OR REPLACEMENT OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT), INCLUDES CONCOMITANT REMOVAL OF VITREOUS | | | | | |
| 690 | 67036 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; | | | | | |
| 690 | 67038 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH EPIRETINAL MEMBRANE STRIPPING | | | | | |
| 690 | 67039 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAGULATION | | | | | |
| 690 | 67040 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOTOCOAGULATION | | | | | |
| 690 | 67107 | REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL DISSECTION, IMBRICATION OR ENCIRCLING PROCEDURE), WITH OR WITHOUT IMPLANT, WITH OR WITHOUT CRYOTHERAPY, PHOTOCOAGULATION, AND DRAINAGE OF SUBRETINAL FLUID | | | | | |
| 690 | 67108 | REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR OR GAS TAMPONADE, FOCAL ENDOLASER PHOTOCOAGULATION, CRYOTHERAPY, DRAINAGE OF SUBRETINAL FLUID, SCLERAL BUCKLING, AND/OR REMOVAL OF LENS BY SAME TECHNIQUE | | | | | |
| 690 | 67112 | REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON PATIENT HAVING PREVIOUS IPSILATERAL RETINAL DETACHMENT REPAIR(S) USING SCLERAL BUCKLING OR VITRECTOMY TECHNIQUES | | | | | |
| 700 | Plain Film | | X | 0.78 | \$39.52 | \$22.37 | \$7.90 |
| 700 | 70030 | RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY | | | | | |
| 700 | 70100 | RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS | | | | | |
| 700 | 70110 | RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS | | | | | |
| 700 | 70120 | RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE | | | | | |
| 700 | 70130 | RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE | | | | | |
| 700 | 70134 | RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEAT, COMPLETE | | | | | |
| 700 | 70140 | RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS | | | | | |
| 700 | 70150 | RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS | | | | | |
| 700 | 70160 | RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS | | | | | |
| 700 | 70190 | RADIOLOGIC EXAMINATION; OPTIC FORAMINA | | | | | |
| 700 | 70200 | RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS | | | | | |
| 700 | 70210 | RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS | | | | | |
| 700 | 70220 | RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS | | | | | |
| 700 | 70240 | RADIOLOGIC EXAMINATION, SELLA TURCICA | | | | | |
| 700 | 70250 | RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO | | | | | |
| 700 | 70260 | RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO | | | | | |
| 700 | 70300 | RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW | | | | | |
| 700 | 70310 | RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH | | | | | |
| 700 | 70320 | RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH | | | | | |
| 700 | 70328 | RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL | | | | | |
| 700 | 70330 | RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL | | | | | |
| 700 | 70350 | CEPHALOGRAM, ORTHODONTIC | | | | | |
| 700 | 70355 | ORTHOPANTOGRAM | | | | | |
| 700 | 70360 | RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE | | | | | |
| 700 | 70380 | RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS | | | | | |
| 700 | 71010 | RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL | | | | | |
| 700 | 71015 | RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL | | | | | |
| 700 | 71020 | RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; | | | | | |
| 700 | 71021 | RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE | | | | | |
| 700 | 71022 | RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS | | | | | |
| 700 | 71030 | RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; | | | | | |
| 700 | 71035 | RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES) | | | | | |
| 700 | 71100 | RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS | | | | | |
| 700 | 71101 | RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS | | | | | |
| 700 | 71110 | RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS | | | | | |
| 700 | 71111 | RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS | | | | | |
| 700 | 71120 | RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS | | | | | |
| 700 | 71130 | RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS | | | | | |
| 700 | 72010 | RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL | | | | | |
| 700 | 72020 | RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL | | | | | |
| 700 | 72040 | RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|-------------------|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 700 | 72050 | RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS | | | | | |
| 700 | 72052 | RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES | | | | | |
| 700 | 72069 | RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS) | | | | | |
| 700 | 72070 | RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL | | | | | |
| 700 | 72072 | RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOTHORACIC JUNCTION | | | | | |
| 700 | 72074 | RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS | | | | | |
| 700 | 72080 | RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL | | | | | |
| 700 | 72090 | RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES | | | | | |
| 700 | 72100 | RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL | | | | | |
| 700 | 72110 | RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS | | | | | |
| 700 | 72114 | RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS | | | | | |
| 700 | 72120 | RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS | | | | | |
| 700 | 72170 | RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY | | | | | |
| 700 | 72190 | RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS | | | | | |
| 700 | 72200 | RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS | | | | | |
| 700 | 72202 | RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS | | | | | |
| 700 | 72220 | RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS | | | | | |
| 700 | 73000 | RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE | | | | | |
| 700 | 73010 | RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE | | | | | |
| 700 | 73020 | RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW | | | | | |
| 700 | 73030 | RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS | | | | | |
| 700 | 73050 | RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION | | | | | |
| 700 | 73060 | RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS | | | | | |
| 700 | 73070 | RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS | | | | | |
| 700 | 73080 | RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS | | | | | |
| 700 | 73090 | RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS | | | | | |
| 700 | 73092 | RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS | | | | | |
| 700 | 73100 | RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS | | | | | |
| 700 | 73110 | RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS | | | | | |
| 700 | 73120 | RADIOLOGIC EXAMINATION, HAND; TWO VIEWS | | | | | |
| 700 | 73130 | RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS | | | | | |
| 700 | 73140 | RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS | | | | | |
| 700 | 73500 | RADIOLOGIC EXAMINATION, HIP, UNILATERAL; ONE VIEW | | | | | |
| 700 | 73510 | RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, MINIMUM OF TWO VIEWS | | | | | |
| 700 | 73520 | RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF PELVIS | | | | | |
| 700 | 73530 | RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE | | | | | |
| 700 | 73540 | RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS | | | | | |
| 700 | 73550 | RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS | | | | | |
| 700 | 73560 | RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS | | | | | |
| 700 | 73562 | RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS | | | | | |
| 700 | 73564 | RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEWS | | | | | |
| 700 | 73565 | RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR | | | | | |
| 700 | 73590 | RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS | | | | | |
| 700 | 73592 | RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS | | | | | |
| 700 | 73600 | RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS | | | | | |
| 700 | 73610 | RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS | | | | | |
| 700 | 73620 | RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS | | | | | |
| 700 | 73630 | RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS | | | | | |
| 700 | 73650 | RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS | | | | | |
| 700 | 73660 | RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS | | | | | |
| 700 | 74000 | RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW | | | | | |
| 700 | 74010 | RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS | | | | | |
| 700 | 74020 | RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS | | | | | |
| 700 | 74022 | RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/OR DECUBITUS VIEWS, UPRIGHT PA CHEST | | | | | |
| 700 | 74710 | PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION | | | | | |
| 700 | 76010 | RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD | | | | | |
| 700 | 76020 | BONE AGE STUDIES | | | | | |
| 700 | 76040 | BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | | | | | |
| 700 | 76061 | RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES) | | | | | |
| 700 | 76062 | RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON) | | | | | |
| 700 | 76065 | RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT | | | | | |
| 700 | 76066 | JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY) | | | | | |
| 700 | 76076 | DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) (EG, RADIUS, WRIST, HEEL) | | | | | |
| 700 | 76078 | RADIOGRAPHIC ABSORPTIOMETRY (PHOTODENSITOMETRY), ONE OR MORE SITES | | | | | |
| 700 | 76098 | RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN | | | | | |
| 700 | 76100 | RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY | | | | | |
| 700 | 76120 | CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED | | | | | |
| 700 | 76125 | CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION | | | | | |
| 700 | 76150 | XERORADIOGRAPHY | | | | | |
| 700 | 76499 | UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE | | | | | |
| 700 | 77417 | THERAPEUTIC RADIOLOGY PORT FILM(S) | | | | | |
| 700 | 78350 | BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|-------------------|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 706 | | Miscellaneous Radiological Procedures | X | 1.96 | \$99.31 | \$57.63 | \$19.86 |
| 706 | 70170 | DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 70373 | LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 70390 | SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 71040 | BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 71060 | BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 74190 | PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 74305 | CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 74320 | CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 74328 | ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 74329 | ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 74330 | COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 74350 | PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 74355 | PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 74470 | RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSUMBILIC, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 74740 | HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 74742 | TRANSERCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 75801 | LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 75803 | LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 75805 | LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 75807 | LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 75809 | SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPERITONEAL SHUNT), RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 75898 | ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION | | | | | |
| 706 | 76075 | DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE) | | | | | |
| 706 | 76080 | RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 76086 | MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 76088 | MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 76095 | STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 76096 | PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 706 | 76101 | RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER THAN WITH UROGRAPHY; UNILATERAL | | | | | |
| 706 | 76102 | RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER THAN WITH UROGRAPHY; BILATERAL | | | | | |
| 710 | | Computerized Axial Tomography | S | 5.06 | \$256.39 | \$176.28 | \$51.28 |
| 710 | 70450 | COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL | | | | | |
| 710 | 70460 | COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S) | | | | | |
| 710 | 70470 | COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS | | | | | |
| 710 | 70480 | COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL | | | | | |
| 710 | 70481 | COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S) | | | | | |
| 710 | 70482 | COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS | | | | | |
| 710 | 70486 | COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL | | | | | |
| 710 | 70487 | COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S) | | | | | |
| 710 | 70488 | COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS | | | | | |
| 710 | 70490 | COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL | | | | | |
| 710 | 70491 | COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S) | | | | | |
| 710 | 70492 | COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS | | | | | |
| 710 | 71250 | COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL | | | | | |
| 710 | 71260 | COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S) | | | | | |
| 710 | 71270 | COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS | | | | | |
| 710 | 72125 | COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL | | | | | |
| 710 | 72126 | COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL | | | | | |
| 710 | 72127 | COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS | | | | | |
| 710 | 72128 | COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL | | | | | |
| 710 | 72129 | COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL | | | | | |
| 710 | 72130 | COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS | | | | | |
| 710 | 72131 | COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL | | | | | |
| 710 | 72132 | COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL | | | | | |
| 710 | 72133 | COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS | | | | | |
| 710 | 72192 | COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL | | | | | |
| 710 | 72193 | COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S) | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|--------------------------------|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 710 | 72194 | COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS | | | | | |
| 710 | 73200 | COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL | | | | | |
| 710 | 73201 | COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S) | | | | | |
| 710 | 73202 | COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS | | | | | |
| 710 | 73700 | COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL | | | | | |
| 710 | 73701 | COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S) | | | | | |
| 710 | 73702 | COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS | | | | | |
| 710 | 74150 | COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL | | | | | |
| 710 | 74160 | COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S) | | | | | |
| 710 | 74170 | COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS | | | | | |
| 710 | 76355 | COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION | | | | | |
| 710 | 76360 | COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 710 | 76365 | COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 710 | 76370 | COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS | | | | | |
| 710 | 76375 | CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONSTRUCTION OF COMPUTERIZED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, OR OTHER TOMOGRAPHIC MODALITY | | | | | |
| 710 | 76380 | COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY | | | | | |
| 716 | Fluoroscopy | | X | 1.59 | \$80.56 | \$47.91 | \$16.11 |
| 716 | 70370 | RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE | | | | | |
| 716 | 70371 | COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING | | | | | |
| 716 | 71023 | RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY | | | | | |
| 716 | 71034 | RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY | | | | | |
| 716 | 71036 | NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS, FLUOROSCOPIC LOCALIZATION ONLY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 716 | 71038 | FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING | | | | | |
| 716 | 71090 | INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 716 | 74340 | INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUDING MULTIPLE FLUOROSCOPIES AND FILMS, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 716 | 75989 | RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY), WITH PLACEMENT OF INDWELLING CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 716 | 76000 | FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034 (EG, CARDIAC FLUOROSCOPY) | | | | | |
| 716 | 76001 | FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY, ERCP, BRONCHOSCOPY, TRANSBRONCHIAL BIOPSY) | | | | | |
| 716 | 76003 | FLUOROSCOPIC LOCALIZATION FOR NEEDLE BIOPSY OR FINE NEEDLE ASPIRATION | | | | | |
| 720 | Magnetic Resonance Angiography | | S | 6.34 | \$321.24 | 206.11 | \$64.25 |
| 720 | 70541 | MAGNETIC RESONANCE ANGIOGRAPHY, HEAD AND/OR NECK, WITH OR WITHOUT CONTRAST MATERIAL(S) | | | | | |
| 726 | Magnetic Resonance Imaging | | S | 7.96 | \$403.33 | \$258.09 | \$80.67 |
| 726 | 70336 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT | | | | | |
| 726 | 70540 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK | | | | | |
| 726 | 70551 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL | | | | | |
| 726 | 70552 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S) | | | | | |
| 726 | 70553 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES | | | | | |
| 726 | 71550 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY) | | | | | |
| 726 | 72141 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL | | | | | |
| 726 | 72142 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S) | | | | | |
| 726 | 72146 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL | | | | | |
| 726 | 72147 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S) | | | | | |
| 726 | 72148 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL | | | | | |
| 726 | 72149 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S) | | | | | |
| 726 | 72156 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL | | | | | |
| 726 | 72157 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC | | | | | |
| 726 | 72158 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR | | | | | |
| 726 | 72196 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS | | | | | |
| 726 | 73220 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT | | | | | |
| 726 | 73221 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY | | | | | |
| 726 | 73720 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT | | | | | |
| 726 | 73721 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY | | | | | |
| 726 | 74181 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN | | | | | |
| 726 | 75552 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITHOUT CONTRAST MATERIAL | | | | | |
| 726 | 75553 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITH CONTRAST MATERIAL | | | | | |
| 726 | 75554 | CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; COMPLETE STUDY | | | | | |
| 726 | 75555 | CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; LIMITED STUDY | | | | | |
| 726 | 76093 | MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); UNILATERAL | | | | | |
| 726 | 76094 | MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); BILATERAL | | | | | |

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|-----------------------------------|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 726 | 76390 | MAGNETIC RESONANCE SPECTROSCOPY | | | | | |
| 726 | 76400 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY | | | | | |
| 728 | Myelography | | S | 4.07 | \$206.22 | \$113.23 | \$41.24 |
| 728 | 70010 | MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 728 | 70015 | CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 728 | 72240 | MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 728 | 72255 | MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 728 | 72265 | MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 728 | 72270 | MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 728 | 72285 | DISKOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 728 | 72295 | DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 730 | Arthrography | | S | 2.48 | \$125.66 | \$72.09 | \$25.13 |
| 730 | 70332 | TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 730 | 73040 | RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 730 | 73085 | RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 730 | 73115 | RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 730 | 73525 | RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 730 | 73580 | RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 730 | 73615 | RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 736 | Digestive Radiology | | S | 1.85 | \$93.74 | \$54.24 | \$18.75 |
| 736 | 74210 | RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS | | | | | |
| 736 | 74220 | RADIOLOGIC EXAMINATION; ESOPHAGUS | | | | | |
| 736 | 74230 | SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO | | | | | |
| 736 | 74240 | RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB | | | | | |
| 736 | 74241 | RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB | | | | | |
| 736 | 74245 | RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS | | | | | |
| 736 | 74246 | RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFERVESCENT AGENT, WITH OR WITHOUT GLUCAGON; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB | | | | | |
| 736 | 74247 | RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFERVESCENT AGENT, WITH OR WITHOUT GLUCAGON; WITH OR WITHOUT DELAYED FILMS, WITH KUB | | | | | |
| 736 | 74249 | RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFERVESCENT AGENT, WITH OR WITHOUT GLUCAGON; WITH SMALL BOWEL FOLLOW-THROUGH | | | | | |
| 736 | 74250 | RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS; | | | | | |
| 736 | 74251 | RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS; VIA ENTEROCLYSIS TUBE | | | | | |
| 736 | 74260 | DUODENOGRAPHY, HYPOTONIC | | | | | |
| 736 | 74270 | RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KUB | | | | | |
| 736 | 74280 | RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON | | | | | |
| 736 | 74283 | THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUMINAL OBSTRUCTION (EG, MECONIUM ILEUS) | | | | | |
| 736 | 74290 | CHOLECYSTOGRAPHY, ORAL CONTRAST; | | | | | |
| 736 | 74291 | CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION | | | | | |
| 736 | G0106 | Colorectal Ca screening | | | | | |
| 736 | G0120 | Colorectal Ca screening | | | | | |
| 737 | Diagnostic Urography | | S | 2.81 | \$142.38 | \$86.56 | \$28.48 |
| 737 | 74400 | UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; | | | | | |
| 737 | 74405 | UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; WITH SPECIAL HYPER-TENSIVE CONTRAST CONCENTRATION AND/OR CLEARANCE STUDIES | | | | | |
| 737 | 74410 | UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; | | | | | |
| 737 | 74415 | UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY | | | | | |
| 737 | 74420 | UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB | | | | | |
| 737 | 74425 | UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND | | | | | |
| 737 | 74430 | CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 737 | 74440 | VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 737 | 74445 | CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 737 | 74450 | URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 737 | 74455 | URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 737 | 74775 | PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES) | | | | | |
| 738 | Therapeutic Radiologic Procedures | | S | 4.48 | \$227.00 | \$133.23 | \$45.4 |
| 738 | 74235 | REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 738 | 74327 | POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET, OR SNARE (EG, BURHENNE TECHNIQUE), RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 738 | 74360 | INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 738 | 74363 | PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 738 | 74475 | INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 738 | 74480 | INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 738 | 74485 | DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 738 | 75980 | PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|-------------------|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 738 | 75982 | PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAINAGE STENT FOR INTERNAL BILIARY DRAINAGE IN PATIENTS WITH AN INOPERABLE MECHANICAL BILIARY OBSTRUCTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 738 | 75984 | CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG, GASTROINTESTINAL SYSTEM, GENITOURINARY SYSTEM, ABSCESS), RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | Diagnostic | Angiography and Venography | S | 5.83 | \$295.40 | \$168.71 | \$59.08 |
| 739 | 75600 | AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75605 | AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75625 | AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75630 | AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75650 | ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75658 | ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75660 | ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75662 | ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75665 | ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75671 | ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75676 | ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75680 | ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75685 | ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75705 | ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75710 | ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75716 | ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75722 | ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75724 | ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75726 | ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75731 | ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75733 | ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75736 | ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75741 | ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75743 | ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75746 | ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75756 | ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75774 | ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75790 | ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75810 | SPLENOPTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75820 | VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75822 | VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75825 | VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75827 | VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75831 | VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75833 | VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75840 | VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75842 | VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75860 | VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75870 | VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75872 | VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75880 | VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75885 | PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75887 | PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75889 | HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 739 | 75891 | HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 746 | Mammography | | S | 0.69 | \$34.96 | \$19.44 | \$6.99 |
| 746 | 76090 | MAMMOGRAPHY; UNILATERAL | | | | | |
| 746 | 76091 | MAMMOGRAPHY; BILATERAL | | | | | |
| 747 | Diagnostic | Ultrasound Except Vascular | S | 1.65 | \$83.60 | \$54.69 | \$16.72 |
| 747 | 76506 | ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTRICULAR SIZE, DELINEATION OF CEREBRAL CONTENTS AND DETECTION OF FLUID MASSES OR OTHER INTRACRANIAL ABNORMALITIES), INCLUDING A-MODE ENCEPHALOGRAPHY | | | | | |
| 747 | 76511 | OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION | | | | | |
| 747 | 76512 | OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN) | | | | | |
| 747 | 76513 | OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; IMMERSION (WATER BATH) B-SCAN | | | | | |
| 747 | 76516 | OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; | | | | | |
| 747 | 76519 | OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION | | | | | |
| 747 | 76529 | OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|---|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 747 | 76536 | ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION | | | | | |
| 747 | 76604 | ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION | | | | | |
| 747 | 76645 | ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION | | | | | |
| 747 | 76700 | ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE | | | | | |
| 747 | 76705 | ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT, FOLLOW-UP) | | | | | |
| 747 | 76770 | ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE | | | | | |
| 747 | 76775 | ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED | | | | | |
| 747 | 76778 | ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DOPPLER STUDIES | | | | | |
| 747 | 76800 | ECHOGRAPHY, SPINAL CANAL AND CONTENTS | | | | | |
| 747 | 76805 | ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MATERNAL EVALUATION) | | | | | |
| 747 | 76810 | ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MATERNAL EVALUATION), MULTIPLE GESTATION, AFTER THE FIRST TRIMESTER | | | | | |
| 747 | 76815 | ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART BEAT, PLACENTAL LOCATION, FETAL POSITION, OR EMERGENCY IN THE DELIVERY ROOM) | | | | | |
| 747 | 76816 | ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT | | | | | |
| 747 | 76818 | FETAL BIOPHYSICAL PROFILE | | | | | |
| 747 | 76830 | ECHOGRAPHY, TRANSVAGINAL | | | | | |
| 747 | 76831 | HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER | | | | | |
| 747 | 76856 | ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE | | | | | |
| 747 | 76857 | ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG, FOR FOLLICLES) | | | | | |
| 747 | 76870 | ECHOGRAPHY, SCROTUM AND CONTENTS | | | | | |
| 747 | 76872 | ECHOGRAPHY, TRANSRECTAL | | | | | |
| 747 | 76880 | ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION | | | | | |
| 747 | 76885 | ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (EG, REQUIRING MANIPULATION) | | | | | |
| 747 | 76886 | ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (EG, NOT REQUIRING MANIPULATION) | | | | | |
| 747 | 76970 | ULTRASOUND STUDY FOLLOW-UP (SPECIFY) | | | | | |
| 747 | 76975 | GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 747 | 76986 | ECHOGRAPHY, INTRAOPERATIVE | | | | | |
| 747 | 76999 | UNLISTED ULTRASOUND PROCEDURE | | | | | |
| 747 | G0050 | POST-VOIDAL RESIDUAL URINE/BLADDER CAPACITY | | | | | |
| 749 | Guidance under Ultrasound | | X | 2.44 | \$123.63 | \$76.16 | \$24.73 |
| 749 | 76930 | ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 749 | 76932 | ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 749 | 76934 | ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 749 | 76936 | ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES DIAGNOSTIC ULTRASOUND EVALUATION, COMPRESSION OF LESION AND IMAGING) | | | | | |
| 749 | 76938 | ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION) OR RENAL PELVIS ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 749 | 76941 | ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 749 | 76942 | ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 749 | 76945 | ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 749 | 76946 | ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 749 | 76948 | ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION | | | | | |
| 749 | 76950 | ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN | | | | | |
| 749 | 76960 | ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS, EXCEPT FOR B-SCAN ECHOGRAPHY | | | | | |
| 749 | 76965 | ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION | | | | | |
| 750 | Therapeutic Radiation Treatment Planning | | X | 0.91 | \$46.11 | \$25.54 | \$9.22 |
| 750 | 77261 | THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE | | | | | |
| 750 | 77262 | THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE | | | | | |
| 750 | 77263 | THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX | | | | | |
| 750 | 77336 | CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING QUALITY ASSURANCE REPORTED PER WEEK OF THERAPY | | | | | |
| 750 | 77370 | SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION | | | | | |
| 750 | 77399 | UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES | | | | | |
| 750 | 77431 | RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY | | | | | |
| 750 | 77432 | STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESION(S) (COMPLETE COURSE OF TREATMENT CONSISTING OF ONE SESSION) | | | | | |
| 751 | Level I Therapeutic Radiation Treatment Preparation | | X | 1.15 | \$58.27 | \$33.22 | \$11.65 |
| 751 | 77299 | UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING | | | | | |
| 751 | 77300 | BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, AS REQUIRED DURING COURSE OF TREATMENT, ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN | | | | | |
| 751 | 77305 | TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIED PORTS DIRECTED TO A SINGLE AREA OF INTEREST) | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|---|---|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 751 | 77310 | TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS DIRECTED TO A SINGLE AREA OF INTEREST) | | | | | |
| 751 | 77315 | TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL PORTS, THE USE OF WEDGES, COMPENSATORS, COMPLEX BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS) | | | | | |
| 751 | 77321 | SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | | | | | |
| 751 | 77326 | BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APPLICATION, REMOTE AFTERLOADING BRACHYTHERAPY, 1 TO 8 SOURCES) | | | | | |
| 751 | 77327 | BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING 5 TO 10 SOURCES/RIBBONS, REMOTE AFTERLOADING BRACHYTHERAPY, 9 TO 12 SOURCES) | | | | | |
| 751 | 77328 | BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER 10 SOURCES/RIBBONS USED, SPECIAL SPATIAL RECONSTRUCTION, REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 SOURCES) | | | | | |
| 751 | 77331 | SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN | | | | | |
| 751 | 77332 | TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS) | | | | | |
| 751 | 77333 | TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS) | | | | | |
| 751 | 77334 | TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS) | | | | | |
| 752 | Level II Therapeutic Radiation Treatment | | X | 3.54 | \$179.37 | \$88.82 | \$35.87 |
| 752 | 77280 | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE | | | | | |
| 752 | 77285 | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE | | | | | |
| 752 | 77290 | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX | | | | | |
| 752 | 77295 | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; THREE-DIMENSIONAL | | | | | |
| 757 | Radiation Therapy | | S | 2.30 | \$116.54 | \$52.43 | \$23.31 |
| 757 | 61793 | STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERATOR), ONE OR MORE SESSIONS | | | | | |
| 757 | 77401 | RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE | | | | | |
| 757 | 77402 | RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; UP TO 5 MEV | | | | | |
| 757 | 77403 | RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; 6-10 MEV | | | | | |
| 757 | 77404 | RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; 11-19 MEV | | | | | |
| 757 | 77406 | RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; 20 MEV OR GREATER | | | | | |
| 757 | 77407 | RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS; UP TO 5 MEV | | | | | |
| 757 | 77408 | RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS; 6-10 MEV | | | | | |
| 757 | 77409 | RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS; 11-19 MEV | | | | | |
| 757 | 77411 | RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE BLOCKS; 20 MEV OR GREATER | | | | | |
| 757 | 77412 | RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, SPECIAL PARTICLE BEAM (EG, ELECTRON OR NEUTRONS); UP TO 5 MEV | | | | | |
| 757 | 77413 | RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, SPECIAL PARTICLE BEAM (EG, ELECTRON OR NEUTRONS); 6-10 MEV | | | | | |
| 757 | 77414 | RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, SPECIAL PARTICLE BEAM (EG, ELECTRON OR NEUTRONS); 11-19 MEV | | | | | |
| 757 | 77416 | RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, SPECIAL PARTICLE BEAM (EG, ELECTRON OR NEUTRONS); 20 MEV OR GREATER | | | | | |
| 757 | 77470 | SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIATION) | | | | | |
| 758 | Hyperthermic Therapies | | S | 3.41 | \$172.78 | \$76.84 | \$34.56 |
| 758 | 77600 | HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS) | | | | | |
| 758 | 77605 | HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM) | | | | | |
| 758 | 77610 | HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS | | | | | |
| 758 | 77615 | HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS | | | | | |
| 758 | 77620 | HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S) | | | | | |
| 759 | Brachytherapy and Complex Radioelement Applications | | S | 7.98 | \$404.34 | \$160.01 | \$80.87 |
| 759 | 77750 | INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION | | | | | |
| 759 | 77761 | INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE | | | | | |
| 759 | 77762 | INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE | | | | | |
| 759 | 77763 | INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX | | | | | |
| 759 | 77776 | INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE | | | | | |
| 759 | 77777 | INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE | | | | | |
| 759 | 77778 | INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX | | | | | |
| 759 | 77781 | REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS | | | | | |
| 759 | 77782 | REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS | | | | | |
| 759 | 77783 | REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS | | | | | |
| 759 | 77784 | REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS | | | | | |
| 759 | 77789 | SURFACE APPLICATION OF RADIOELEMENT | | | | | |
| 759 | 77799 | UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY | | | | | |
| 760 | PET Scans | | S | 17.26 | \$874.55 | \$419.46 | \$174.91 |
| 760 | 78459 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|-------------------|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 760 | 78608 | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION | | | | | |
| 760 | 78609 | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION | | | | | |
| 760 | 78810 | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION | | | | | |
| 760 | G0030 | PET imaging prev PET single | | | | | |
| 760 | G0031 | PET imaging prev PET multiple | | | | | |
| 760 | G0032 | PET follow SPECT 78464 singl | | | | | |
| 760 | G0033 | PET follow SPECT 78464 mult | | | | | |
| 760 | G0034 | PET follow SPECT 78865 singl | | | | | |
| 760 | G0035 | PET follow SPECT 78465 mult | | | | | |
| 760 | G0036 | PET follow cornry angio sing | | | | | |
| 760 | G0037 | PET follow cornry angio mult | | | | | |
| 760 | G0038 | PET follow myocard perf sing | | | | | |
| 760 | G0039 | PET follow myocard perf mult | | | | | |
| 760 | G0040 | PET follow stress echo singl | | | | | |
| 760 | G0041 | PET follow stress echo mult | | | | | |
| 760 | G0042 | PET follow ventriculogm sing | | | | | |
| 760 | G0043 | PET follow ventriculogm mult | | | | | |
| 760 | G0044 | PET following rest ECG singl | | | | | |
| 760 | G0045 | PET following rest ECG mult | | | | | |
| 760 | G0046 | PET follow stress ECG singl | | | | | |
| 760 | G0047 | PET follow stress ECG mult | | | | | |
| 761 | Standard | Non-Imaging Nuclear Medicine | S | 2.04 | \$103.37 | \$61.47 | \$20.67 |
| 761 | 78000 | THYROID UPTAKE; SINGLE DETERMINATION | | | | | |
| 761 | 78099 | UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | | | | | |
| 761 | 78110 | PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING | | | | | |
| 761 | 78111 | PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS | | | | | |
| 761 | 78120 | RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING | | | | | |
| 761 | 78199 | UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | | | | | |
| 761 | 78270 | VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR | | | | | |
| 761 | 78271 | VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR | | | | | |
| 761 | 78272 | VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR | | | | | |
| 761 | 78282 | GASTROINTESTINAL PROTEIN LOSS | | | | | |
| 761 | 78299 | UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | | | | | |
| 761 | 78725 | KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION | | | | | |
| 761 | 78999 | UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | | | | | |
| 762 | Complex | Non-Imaging Nuclear Medicine | S | 1.78 | \$90.19 | \$51.53 | \$18.04 |
| 762 | 78001 | THYROID UPTAKE; MULTIPLE DETERMINATIONS | | | | | |
| 762 | 78003 | THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES) | | | | | |
| 762 | 78121 | RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS | | | | | |
| 762 | 78122 | WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE) | | | | | |
| 762 | 78130 | RED CELL SURVIVAL STUDY; | | | | | |
| 762 | 78135 | RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION) | | | | | |
| 762 | 78140 | LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC) | | | | | |
| 762 | 78160 | PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE | | | | | |
| 762 | 78162 | RADIOIRON ORAL ABSORPTION | | | | | |
| 762 | 78170 | RADIOIRON RED CELL UTILIZATION | | | | | |
| 762 | 78172 | CHELATABLE IRON FOR ESTIMATION OF TOTAL BODY IRON | | | | | |
| 762 | 78190 | KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION | | | | | |
| 762 | 78191 | PLATELET SURVIVAL STUDY | | | | | |
| 762 | 78414 | DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR WITHOUT PHARMACOLOGIC INTERVENTION OR EXERCISE, SINGLE OR MULTIPLE DETERMINATIONS | | | | | |
| 762 | 78455 | VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN) | | | | | |
| 762 | 78499 | UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | | | | | |
| 771 | Standard | Planar Nuclear Medicine | S | 3.78 | \$191.53 | \$116.84 | \$38.31 |
| 771 | 78006 | THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION | | | | | |
| 771 | 78010 | THYROID IMAGING; ONLY | | | | | |
| 771 | 78011 | THYROID IMAGING; WITH VASCULAR FLOW | | | | | |
| 771 | 78015 | THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY) | | | | | |
| 771 | 78102 | BONE MARROW IMAGING; LIMITED AREA | | | | | |
| 771 | 78103 | BONE MARROW IMAGING; MULTIPLE AREAS | | | | | |
| 771 | 78104 | BONE MARROW IMAGING; WHOLE BODY | | | | | |
| 771 | 78185 | SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW | | | | | |
| 771 | 78201 | LIVER IMAGING; STATIC ONLY | | | | | |
| 771 | 78202 | LIVER IMAGING; WITH VASCULAR FLOW | | | | | |
| 771 | 78215 | LIVER AND SPLEEN IMAGING; STATIC ONLY | | | | | |
| 771 | 78216 | LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW | | | | | |
| 771 | 78230 | SALIVARY GLAND IMAGING; | | | | | |
| 771 | 78231 | SALIVARY GLAND IMAGING; WITH SERIAL IMAGES | | | | | |
| 771 | 78261 | GASTRIC MUCOSA IMAGING | | | | | |
| 771 | 78290 | BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS) | | | | | |
| 771 | 78300 | BONE AND/OR JOINT IMAGING; LIMITED AREA | | | | | |
| 771 | 78305 | BONE AND/OR JOINT IMAGING; MULTIPLE AREAS | | | | | |
| 771 | 78306 | BONE AND/OR JOINT IMAGING; WHOLE BODY | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|---------------------------------|---|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 771 | 78399 | UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | | | | | |
| 771 | 78428 | CARDIAC SHUNT DETECTION | | | | | |
| 771 | 78445 | NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY) | | | | | |
| 771 | 78457 | VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); UNILATERAL | | | | | |
| 771 | 78458 | VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL | | | | | |
| 771 | 78460 | MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH OR WITHOUT QUANTIFICATION | | | | | |
| 771 | 78466 | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE | | | | | |
| 771 | 78478 | MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE ONLY FOR CODES 78460, 78461, 78464, 78465) | | | | | |
| 771 | 78480 | MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE ONLY FOR CODES 78460, 78461, 78464, 78465) | | | | | |
| 771 | 78481 | CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS (EXERCISE AND/OR PHARMACOLOGIC), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT QUANTIFICATION | | | | | |
| 771 | 78580 | PULMONARY PERFUSION IMAGING, PARTICULATE | | | | | |
| 771 | 78586 | PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION | | | | | |
| 771 | 78587 | PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS) | | | | | |
| 771 | 78591 | PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION | | | | | |
| 771 | 78593 | PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PROJECTION | | | | | |
| 771 | 78599 | UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | | | | | |
| 771 | 78600 | BRAIN IMAGING, LIMITED PROCEDURE; STATIC | | | | | |
| 771 | 78601 | BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW | | | | | |
| 771 | 78605 | BRAIN IMAGING, COMPLETE STUDY; STATIC | | | | | |
| 771 | 78610 | BRAIN IMAGING, VASCULAR FLOW ONLY | | | | | |
| 771 | 78660 | RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | | | | | |
| 771 | 78699 | UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | | | | | |
| 771 | 78700 | KIDNEY IMAGING; STATIC ONLY | | | | | |
| 771 | 78701 | KIDNEY IMAGING; WITH VASCULAR FLOW | | | | | |
| 771 | 78704 | KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM) | | | | | |
| 771 | 78707 | KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION | | | | | |
| 771 | 78715 | KIDNEY VASCULAR FLOW ONLY | | | | | |
| 771 | 78730 | URINARY BLADDER RESIDUAL STUDY | | | | | |
| 771 | 78760 | TESTICULAR IMAGING; | | | | | |
| 771 | 78761 | TESTICULAR IMAGING; WITH VASCULAR FLOW | | | | | |
| 771 | 78799 | UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | | | | | |
| 772 | Complex Planar Nuclear Medicine | | S | 4.22 | \$213.83 | \$127.92 | \$42.77 |
| 772 | 78007 | THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS | | | | | |
| 772 | 78016 | THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY) | | | | | |
| 772 | 78017 | THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS | | | | | |
| 772 | 78018 | THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY | | | | | |
| 772 | 78070 | PARATHYROID IMAGING | | | | | |
| 772 | 78075 | ADRENAL IMAGING, CORTEX AND/OR MEDULLA | | | | | |
| 772 | 78195 | LYMPHATICS AND LYMPH GLANDS IMAGING | | | | | |
| 772 | 78220 | LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES | | | | | |
| 772 | 78223 | HEPATOBIILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH OR WITHOUT QUANTITATIVE MEASUREMENT OF GALLBLADDER FUNCTION | | | | | |
| 772 | 78232 | SALIVARY GLAND FUNCTION STUDY | | | | | |
| 772 | 78258 | ESOPHAGEAL MOTILITY | | | | | |
| 772 | 78262 | GASTROESOPHAGEAL REFLUX STUDY | | | | | |
| 772 | 78264 | GASTRIC EMPTYING STUDY | | | | | |
| 772 | 78278 | ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING | | | | | |
| 772 | 78291 | PERITONEAL-VEINUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT) | | | | | |
| 772 | 78315 | BONE AND/OR JOINT IMAGING; THREE PHASE STUDY | | | | | |
| 772 | 78461 | MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES, (PLANAR) AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), AND REDISTRIBUTION AND/OR REST INJECTION, WITH OR WITHOUT QUANTIFICATION | | | | | |
| 772 | 78468 | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE | | | | | |
| 772 | 78472 | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT ADDITIONAL QUANTITATIVE PROCESSING | | | | | |
| 772 | 78473 | MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, AT REST AND STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH OR WITHOUT ADDITIONAL QUANTIFICATION | | | | | |
| 772 | 78483 | CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE AND/OR PHARMACOLOGIC), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT QUANTIFICATION | | | | | |
| 772 | 78584 | PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH | | | | | |
| 772 | 78585 | PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BREATH | | | | | |
| 772 | 78594 | PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS) | | | | | |
| 772 | 78596 | PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY | | | | | |
| 772 | 78606 | BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW | | | | | |
| 772 | 78615 | CEREBRAL BLOOD FLOW | | | | | |
| 772 | 78630 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY | | | | | |
| 772 | 78635 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY | | | | | |
| 772 | 78645 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION | | | | | |
| 772 | 78650 | CSF LEAKAGE DETECTION AND LOCALIZATION | | | | | |

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|--------------------|---|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 772 | 78708 | KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH PHARMACOLOGICAL INTERVENTION (EG, ANGIOTENSIN CONVERTING ENZYME INHIBITOR AND/OR DIURETIC) | | | | | |
| 772 | 78709 | KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL INTERVENTION (EG, ANGIOTENSIN CONVERTING ENZYME INHIBITOR AND/OR DIURETIC) | | | | | |
| 772 | 78740 | URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM) | | | | | |
| 772 | 78800 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; LIMITED AREA | | | | | |
| 772 | 78801 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; MULTIPLE AREAS | | | | | |
| 772 | 78802 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; WHOLE BODY | | | | | |
| 772 | 78805 | RADIOPHARMACEUTICAL LOCALIZATION OF ABSCESS; LIMITED AREA | | | | | |
| 772 | 78806 | RADIOPHARMACEUTICAL LOCALIZATION OF ABSCESS; WHOLE BODY | | | | | |
| 781 | Standard | SPECT Nuclear Medicine | S | 5.26 | \$266.52 | \$145.77 | \$53.30 |
| 781 | 78205 | LIVER IMAGING (SPECT) | | | | | |
| 781 | 78320 | BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT) | | | | | |
| 781 | 78464 | MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH OR WITHOUT QUANTIFICATION | | | | | |
| 781 | 78469 | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION | | | | | |
| 781 | 78607 | BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT) | | | | | |
| 781 | 78647 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); TOMOGRAPHIC (SPECT) | | | | | |
| 781 | 78710 | KIDNEY IMAGING, TOMOGRAPHIC (SPECT) | | | | | |
| 782 | Complex | SPECT Nuclear Medicine | S | 9.28 | \$470.21 | \$275.04 | \$94.04 |
| 782 | 78465 | MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC) AND REDISTRIBUTION AND/OR REST INJECTION, WITH OR WITHOUT QUANTIFICATION | | | | | |
| 782 | 78803 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; TOMOGRAPHIC (SPECT) | | | | | |
| 782 | 78807 | RADIOPHARMACEUTICAL LOCALIZATION OF ABSCESS; TOMOGRAPHIC (SPECT) | | | | | |
| 791 | Standard | Therapeutic Nuclear Medicine | S | 15.83 | \$802.10 | \$562.06 | \$160.42 |
| 791 | 79001 | RADIOPHARMACEUTICAL THERAPY, HYPERTHYROIDISM; SUBSEQUENT, EACH THERAPY | | | | | |
| 791 | 79100 | RADIOPHARMACEUTICAL THERAPY, POLYCYTHEMIA VERA, CHRONIC LEUKEMIA, EACH TREATMENT | | | | | |
| 791 | 79300 | INTERSTITIAL RADIOACTIVE COLLOID THERAPY | | | | | |
| 791 | 79400 | RADIOPHARMACEUTICAL THERAPY, NONTHYROID, NONHEMATOLOGIC | | | | | |
| 791 | 79420 | INTRAVASCULAR RADIOPHARMACEUTICAL THERAPY, PARTICULATE | | | | | |
| 791 | 79440 | INTRA-ARTICULAR RADIOPHARMACEUTICAL THERAPY | | | | | |
| 791 | 79999 | UNLISTED RADIOPHARMACEUTICAL THERAPEUTIC PROCEDURE | | | | | |
| 792 | Complex | Therapeutic Nuclear Medicine | S | 4.80 | \$243.21 | \$144.19 | \$48.64 |
| 792 | 79000 | RADIOPHARMACEUTICAL THERAPY, HYPERTHYROIDISM; INITIAL, INCLUDING EVALUATION OF PATIENT | | | | | |
| 792 | 79020 | RADIOPHARMACEUTICAL THERAPY, THYROID SUPPRESSION (EUTHYROID CARDIAC DISEASE), INCLUDING EVALUATION OF PATIENT | | | | | |
| 792 | 79030 | RADIOPHARMACEUTICAL ABLATION OF GLAND FOR THYROID CARCINOMA | | | | | |
| 792 | 79035 | RADIOPHARMACEUTICAL THERAPY FOR METASTASES OF THYROID CARCINOMA | | | | | |
| 792 | 79200 | INTRACAVITARY RADIOACTIVE COLLOID THERAPY | | | | | |
| 861 | Immunology Tests | | X | 0.13 | \$6.59 | \$3.62 | \$1.32 |
| 861 | 86485 | SKIN TEST; CANDIDA | | | | | |
| 861 | 86490 | SKIN TEST; COCCIDIOIDOMYCOSIS | | | | | |
| 861 | 86510 | SKIN TEST; HISTOPLASMOSIS | | | | | |
| 861 | 86580 | SKIN TEST; TUBERCULOSIS, INTRADERMAL | | | | | |
| 861 | 86585 | SKIN TEST; TUBERCULOSIS, TINE TEST | | | | | |
| 861 | 86586 | SKIN TEST; UNLISTED ANTIGEN, EACH | | | | | |
| 881 | Level I Pathology | | X | 0.20 | \$10.13 | \$6.78 | \$2.03 |
| 881 | 88125 | CYTOPATHOLOGY, FORENSIC (EG, SPERM) | | | | | |
| 881 | 88199 | UNLISTED CYTOPATHOLOGY PROCEDURE | | | | | |
| 881 | 88300 | LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY | | | | | |
| 881 | 88311 | DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION) | | | | | |
| 881 | 88313 | SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); GROUP II, ALL OTHER, (EG, IRON, TRICHROME), EXCEPT IMMUNOCYTOCHEMISTRY AND IMMUNOPEROXIDASE STAINS, EACH | | | | | |
| 881 | 88399 | UNLISTED SURGICAL PATHOLOGY PROCEDURE | | | | | |
| 881 | 89350 | SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHNIQUE (SEPARATE PROCEDURE) | | | | | |
| 881 | 89360 | SWEAT COLLECTION BY IONTOPHORESIS | | | | | |
| 881 | 89399 | UNLISTED MISCELLANEOUS PATHOLOGY TEST | | | | | |
| 881 | G0025 | Collagen skin test kit | | | | | |
| 882 | Level II Pathology | | X | 0.39 | \$19.76 | \$11.75 | \$3.95 |
| 882 | 80500 | CLINICAL PATHOLOGY CONSULTATION; LIMITED, WITHOUT REVIEW OF PATIENT'S HISTORY AND MEDICAL RECORDS | | | | | |
| 882 | 80502 | CLINICAL PATHOLOGY CONSULTATION; COMPREHENSIVE, FOR A COMPLEX DIAGNOSTIC PROBLEM, WITH REVIEW OF PATIENT'S HISTORY AND MEDICAL RECORDS | | | | | |
| 882 | 85060 | BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT | | | | | |
| 882 | 85097 | BONE MARROW; SMEAR INTERPRETATION ONLY, WITH OR WITHOUT DIFFERENTIAL CELL COUNT | | | | | |
| 882 | 86077 | BLOOD BANK PHYSICIAN SERVICES; DIFFICULT CROSS MATCH AND/OR EVALUATION OF IRREGULAR ANTIBODY(S), INTERPRETATION AND WRITTEN REPORT | | | | | |
| 882 | 86078 | BLOOD BANK PHYSICIAN SERVICES; INVESTIGATION OF TRANSFUSION REACTION INCLUDING SUSPICION OF TRANSMISSIBLE DISEASE, INTERPRETATION AND WRITTEN REPORT | | | | | |
| 882 | 86079 | BLOOD BANK PHYSICIAN SERVICES; AUTHORIZATION FOR DEVIATION FROM STANDARD BLOOD BANKING PROCEDURES (EG, USE OF OUTDATED BLOOD, TRANSFUSION OF RH INCOMPATIBLE UNITS), WITH WRITTEN REPORT | | | | | |
| 882 | 88104 | CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SMEARS WITH INTERPRETATION | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|-----------------------|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 882 | 88106 | CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; FILTER METHOD ONLY WITH INTERPRETATION | | | | | |
| 882 | 88107 | CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SMEARS AND FILTER PREPARATION WITH INTERPRETATION | | | | | |
| 882 | 88108 | CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRETATION (EG, SACCOMANNO TECHNIQUE) | | | | | |
| 882 | 88160 | CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION | | | | | |
| 882 | 88161 | CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; PREPARATION, SCREENING AND INTERPRETATION | | | | | |
| 882 | 88162 | CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/OR MULTIPLE STAINS | | | | | |
| 882 | 88172 | EVALUATION OF FINE NEEDLE ASPIRATE WITH OR WITHOUT PREPARATION OF SMEARS; IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE ADEQUACY OF SPECIMEN(S) | | | | | |
| 882 | 88173 | EVALUATION OF FINE NEEDLE ASPIRATE WITH OR WITHOUT PREPARATION OF SMEARS; INTERPRETATION AND REPORT | | | | | |
| 882 | 88180 | FLOW CYTOMETRY; EACH CELL SURFACE MARKER | | | | | |
| 882 | 88182 | FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS | | | | | |
| 882 | 88302 | LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION | | | | | |
| 882 | 88304 | LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION | | | | | |
| 882 | 88305 | LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION | | | | | |
| 882 | 88312 | SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); GROUP I FOR MICROORGANISMS (EG, GRIDLEY, ACID FAST, METHENAMINE SILVER), EACH | | | | | |
| 882 | 88314 | SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); HISTOCHEMICAL STAINING WITH FROZEN SECTION(S) | | | | | |
| 882 | 88318 | DETERMINATIVE HISTOCHEMISTRY TO IDENTIFY CHEMICAL COMPONENTS (EG, COPPER, ZINC) | | | | | |
| 882 | 88319 | DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY TO IDENTIFY ENZYME CONSTITUENTS, EACH | | | | | |
| 882 | 88321 | CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE | | | | | |
| 882 | 88323 | CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPARATION OF SLIDES | | | | | |
| 882 | 88325 | CONSULTATION, COMPREHENSIVE, WITH REVIEW OF RECORDS AND SPECIMENS, WITH REPORT ON REFERRED MATERIAL | | | | | |
| 882 | 88329 | PATHOLOGY CONSULTATION DURING SURGERY; | | | | | |
| 882 | 88331 | PATHOLOGY CONSULTATION DURING SURGERY; WITH FROZEN SECTION(S), SINGLE SPECIMEN | | | | | |
| 882 | 88332 | PATHOLOGY CONSULTATION DURING SURGERY; EACH ADDITIONAL TISSUE BLOCK WITH FROZEN SECTION(S) | | | | | |
| 882 | 88342 | IMMUNOCYTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY | | | | | |
| 882 | 88346 | IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; DIRECT METHOD | | | | | |
| 882 | 88347 | IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; INDIRECT METHOD | | | | | |
| 883 | Level III Pathology | | X | 0.65 | \$32.94 | \$20.34 | \$6.59 |
| 883 | 88307 | LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION | | | | | |
| 883 | 88309 | LEVEL VI - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION | | | | | |
| 883 | 88348 | ELECTRON MICROSCOPY; DIAGNOSTIC | | | | | |
| 883 | 88349 | ELECTRON MICROSCOPY; SCANNING | | | | | |
| 883 | 88355 | MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE | | | | | |
| 883 | 88356 | MORPHOMETRIC ANALYSIS; NERVE | | | | | |
| 883 | 88358 | MORPHOMETRIC ANALYSIS; TUMOR | | | | | |
| 883 | 88362 | NERVE TEASING PREPARATIONS | | | | | |
| 883 | 88365 | TISSUE IN SITU HYBRIDIZATION, INTERPRETATION AND REPORT | | | | | |
| 900 | Critical Care | | V | 7.44 | \$376.98 | \$144.87 | \$75.40 |
| 900 | 99291 | CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE UNSTABLE CRITICALLY ILL OR UNSTABLE CRITICALLY INJURED PATIENT, REQUIRING THE CONSTANT ATTENDANCE OF THE PHYSICIAN; FIRST HOUR | | | | | |
| 901 | Level I Immunization | | X | 0.07 | \$3.55 | \$2.49 | \$0.71 |
| 901 | 90700 | IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS TOXOIDS, AND ACCELLULAR PERTUSSIS VACCINE (DTAP) | | | | | |
| 901 | 90701 | IMMUNIZATION, ACTIVE; DIPHTHERIA AND TETANUS TOXOIDS AND PERTUSSIS VACCINE (DTP) | | | | | |
| 901 | 90702 | IMMUNIZATION, ACTIVE; DIPHTHERIA AND TETANUS TOXOIDS (DT) | | | | | |
| 901 | 90703 | IMMUNIZATION, ACTIVE; TETANUS TOXOID | | | | | |
| 901 | 90704 | IMMUNIZATION, ACTIVE; MUMPS VIRUS VACCINE, LIVE | | | | | |
| 901 | 90705 | IMMUNIZATION, ACTIVE; MEASLES VIRUS VACCINE, LIVE, ATTENUATED | | | | | |
| 901 | 90706 | IMMUNIZATION, ACTIVE; RUBELLA VIRUS VACCINE, LIVE | | | | | |
| 901 | 90708 | IMMUNIZATION, ACTIVE; MEASLES AND RUBELLA VIRUS VACCINE, LIVE | | | | | |
| 901 | 90709 | IMMUNIZATION, ACTIVE; RUBELLA AND MUMPS VIRUS VACCINE, LIVE | | | | | |
| 901 | 90710 | IMMUNIZATION, ACTIVE; MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE | | | | | |
| 901 | 90711 | IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS TOXOIDS, AND PERTUSSIS (DTP) AND INJECTABLE POLIOMYELITIS VACCINE | | | | | |
| 901 | 90714 | IMMUNIZATION, ACTIVE; TYPHOID VACCINE | | | | | |
| 901 | 90718 | IMMUNIZATION, ACTIVE; TETANUS AND DIPHTHERIA TOXOIDS ABSORBED, FOR ADULT USE (TD) | | | | | |
| 901 | 90719 | IMMUNIZATION, ACTIVE; DIPHTHERIA TOXOID | | | | | |
| 901 | 90724 | IMMUNIZATION, ACTIVE; INFLUENZA VIRUS VACCINE | | | | | |
| 901 | 90725 | IMMUNIZATION, ACTIVE; CHOLERA VACCINE | | | | | |
| 901 | 90730 | IMMUNIZATION, ACTIVE; HEPATITIS A VACCINE | | | | | |
| 901 | 90732 | IMMUNIZATION, ACTIVE; PNEUMOCOCCAL VACCINE, POLYVALENT | | | | | |
| 901 | 90748 | IMMUNIZATION, ACTIVE; HEPATITIS B AND HEMOPHILUS INFLUENZA B (HIB) VACCINE | | | | | |
| 901 | 90749 | UNLISTED IMMUNIZATION PROCEDURE | | | | | |
| 901 | 95149 | PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); FIVE SINGLE STINGING INSECT VENOMS | | | | | |
| 901 | 95170 | PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY; WHOLE BODY EXTRACT OF BITING INSECT OR OTHER ARTHROPOD (SPECIFY NUMBER OF DOSES) | | | | | |
| 901 | G0008 | INFLUENZA VACCINE | | | | | |
| 901 | G0009 | PNEUMOCOCCAL VACCINE | | | | | |
| 901 | Q0034 | INFLUENZA VACCINE | | | | | |
| 902 | Level II Immunization | | X | 1.78 | \$90.19 | \$41.47 | \$18.04 |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|---------------------------------------|---|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 902 | 90707 | IMMUNIZATION, ACTIVE; MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, LIVE | | | | | |
| 902 | 90712 | IMMUNIZATION, ACTIVE; POLIOVIRUS VACCINE, LIVE, ORAL (ANY TYPE(S)) | | | | | |
| 902 | 90713 | IMMUNIZATION, ACTIVE; POLIOMYELITIS VACCINE | | | | | |
| 902 | 90716 | IMMUNIZATION, ACTIVE; VARICELLA (CHICKEN POX) VACCINE | | | | | |
| 902 | 90717 | IMMUNIZATION, ACTIVE; YELLOW FEVER VACCINE | | | | | |
| 902 | 90720 | IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS TOXOIDS, AND PERTUSSIS (DTP) AND HEMOPHILUS INFLUENZA B (HIB) VACCINE | | | | | |
| 902 | 90733 | IMMUNIZATION, ACTIVE; MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S)) | | | | | |
| 902 | 90737 | IMMUNIZATION, ACTIVE; HEMOPHILUS INFLUENZA B | | | | | |
| 902 | 90741 | IMMUNIZATION, PASSIVE; IMMUNE SERUM GLOBULIN, HUMAN (ISG) | | | | | |
| 902 | 90744 | IMMUNIZATION, ACTIVE; HEPATITIS B VACCINE; NEWBORN TO 11 YEARS | | | | | |
| 902 | 90745 | IMMUNIZATION, ACTIVE; HEPATITIS B VACCINE; 11–19 YEARS | | | | | |
| 902 | 90746 | IMMUNIZATION, ACTIVE; HEPATITIS B VACCINE; 20 YEARS AND ABOVE | | | | | |
| 902 | 90747 | IMMUNIZATION, ACTIVE; HEPATITIS B VACCINE; DIALYSIS OR IMMUNOSUPPRESSED PATIENT, ANY AGE | | | | | |
| 902 | G0010 | HEPATITIS B VACCINE | | | | | |
| 903 | Level III Immunization | | X | 1.16 | \$58.78 | \$25.65 | \$11.76 |
| 903 | 90721 | IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP) AND HEMOPHILUS INFLUENZA B (HIB) VACCINE | | | | | |
| 903 | 90726 | IMMUNIZATION, ACTIVE; RABIES VACCINE | | | | | |
| 903 | 90727 | IMMUNIZATION, ACTIVE; PLAGUE VACCINE | | | | | |
| 903 | 90728 | IMMUNIZATION, ACTIVE; BCG VACCINE | | | | | |
| 903 | 90735 | IMMUNIZATION, ACTIVE; ENCEPHALITIS VIRUS VACCINE | | | | | |
| 903 | 90742 | IMMUNIZATION, PASSIVE; SPECIFIC HYPERIMMUNE SERUM GLOBULIN (EG, HEPATITIS B, MEASLES, PERTUSSIS, RABIES, RHO(D), TETANUS, VACCINIA, VARICELLA-ZOSTER) | | | | | |
| 906 | Infusion Therapy except Chemotherapy | | X | 1.46 | \$73.98 | \$42.49 | \$14.80 |
| 906 | 36680 | PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION | | | | | |
| 906 | 90780 | IV INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER DIRECT SUPERVISION OF PHYSICIAN; UP TO ONE HOUR | | | | | |
| 906 | 90781 | IV INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER DIRECT SUPERVISION OF PHYSICIAN; EACH ADDITIONAL HOUR, UP TO EIGHT (8) HOURS | | | | | |
| 906 | Q0081 | INFUSION THERAPY | | | | | |
| 907 | Intramuscular Injections | | X | 0.85 | \$43.07 | \$11.98 | \$8.61 |
| 907 | 90782 | THERAPEUTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); SUBCUTANEOUS OR INTRAMUSCULAR | | | | | |
| 907 | 90783 | THERAPEUTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); INTRA-ARTERIAL | | | | | |
| 907 | 90784 | THERAPEUTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); INTRAVENOUS | | | | | |
| 907 | 90788 | INTRAMUSCULAR INJECTION OF ANTIBIOTIC (SPECIFY) | | | | | |
| 907 | 90799 | UNLISTED THERAPEUTIC OR DIAGNOSTIC INJECTION | | | | | |
| 919 | Electroconvulsive Therapy | | S | 3.17 | \$160.62 | \$80.00 | \$32.12 |
| 919 | 90870 | ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING); SINGLE SEIZURE | | | | | |
| 919 | 90871 | ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING); MULTIPLE SEIZURES, PER DAY | | | | | |
| 920 | Biofeedback and other Training | | S | 1.17 | \$59.28 | \$29.61 | \$11.86 |
| 920 | 90901 | BIOFEEDBACK TRAINING BY ANY MODALITY | | | | | |
| 920 | 90911 | BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDING EMG AND/OR MANOMETRY | | | | | |
| 921 | Diabetes Education | | S | | | | |
| 921 | 99078 | PHYSICIAN EDUCATIONAL SERVICES RENDERED TO PATIENTS IN A GROUP SETTING (EG, PRENATAL, OBESITY, OR DIABETIC INSTRUCTIONS) | | | | | |
| 926 | Dialysis for other than ESRD patients | | S | 4.28 | \$216.87 | \$69.83 | \$43.37 |
| 926 | 90935 | HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION | | | | | |
| 926 | 90937 | HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESCRIPTION | | | | | |
| 926 | 90945 | DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL, HEMOFILTRATION), WITH SINGLE PHYSICIAN EVALUATION | | | | | |
| 926 | 90947 | DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL, HEMOFILTRATION) REQUIRING REPEATED EVALUATIONS, WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESCRIPTION | | | | | |
| 926 | 90997 | HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN) | | | | | |
| 926 | 90999 | UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT | | | | | |
| 928 | Alimentary Tests | | X | 3.11 | \$157.58 | \$83.85 | \$31.52 |
| 928 | 89100 | DUODENAL INTUBATION AND ASPIRATION; SINGLE SPECIMEN (EG, SIMPLE BILE STUDY OR AFFERENT LOOP CULTURE) PLUS APPROPRIATE TEST PROCEDURE | | | | | |
| 928 | 89105 | DUODENAL INTUBATION AND ASPIRATION; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH PANCREATIC OR GALLBLADDER STIMULATION, SINGLE OR DOUBLE LUMEN TUBE | | | | | |
| 928 | 89130 | GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH SPECIMEN, FOR CHEMICAL ANALYSES OR CYTOPATHOLOGY; | | | | | |
| 928 | 89132 | GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH SPECIMEN, AFTER STIMULATION | | | | | |
| 928 | 89135 | GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); ONE HOUR | | | | | |
| 928 | 89136 | GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); TWO HOURS | | | | | |
| 928 | 89140 | GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); TWO HOURS INCLUDING GASTRIC STIMULATION (EG, HISTALOG, PENTAGASTRIN) | | | | | |
| 928 | 89141 | GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS (EG, GASTRIC SECRETORY STUDY); THREE HOURS, INCLUDING GASTRIC STIMULATION | | | | | |
| 928 | 91000 | ESOPHAGEAL INTUBATION AND COLLECTION OF WASHINGS FOR CYTOLOGY, INCLUDING PREPARATION OF SPECIMENS (SEPARATE PROCEDURE) | | | | | |
| 928 | 91010 | ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY; | | | | | |

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS ² | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|------------------------------|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 928 | 91011 | ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY; WITH MECHOLYL OR SIMILAR STIMULANT | | | | | |
| 928 | 91012 | ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY; WITH ACID PERFUSION STUDIES | | | | | |
| 928 | 91020 | GASTRIC MOTILITY (MANOMETRIC) STUDIES | | | | | |
| 928 | 91030 | ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS | | | | | |
| 928 | 91032 | ESOPHAGUS, ACID REFLUX TEST, WITH INTRALUMINAL PH ELECTRODE FOR DETECTION OF GASTROESOPHAGEAL REFLUX; | | | | | |
| 928 | 91033 | ESOPHAGUS, ACID REFLUX TEST, WITH INTRALUMINAL PH ELECTRODE FOR DETECTION OF GASTROESOPHAGEAL REFLUX; PRO- LONGED RECORDING | | | | | |
| 928 | 91052 | GASTRIC ANALYSIS TEST WITH INJECTION OF STIMULANT OF GASTRIC SECRETION (EG, HISTAMINE, INSULIN, PENTAGASTRIN, CAL- CIUM AND SECRETIN) | | | | | |
| 928 | 91055 | GASTRIC INTUBATION, WASHINGS, AND PREPARING SLIDES FOR CYTOLOGY (SEPARATE PROCEDURE) | | | | | |
| 928 | 91060 | GASTRIC SALINE LOAD TEST | | | | | |
| 928 | 91065 | BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY) | | | | | |
| 928 | 91100 | INTESTINAL BLEEDING TUBE, PASSAGE, POSITIONING AND MONITORING | | | | | |
| 928 | 91105 | GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT (EG, FOR INGESTED POISONS) | | | | | |
| 928 | 91299 | UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE | | | | | |
| 928 | 95075 | INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS, EG, FOOD, DRUG OR OTHER SUB- STANCE SUCH AS METABISULFITE) | | | | | |
| 930 | Minor Eye Examinations | | X | 1.02 | \$51.68 | \$22.83 | \$10.34 |
| 930 | 92060 | SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG, RESTRICTIVE OR PARETIC MUSCLE WITH DIPLOPIA) WITH INTERPRETATION AND REPORT (SEPARATE PROCEDURE) | | | | | |
| 930 | 92065 | ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND EVALUATION | | | | | |
| 930 | 92081 | VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; LIMITED EXAMINATION (EG, TAN- GENT SCREEN, AUTOPLAT, ARC PERIMETER, OR SINGLE STIMULUS LEVEL AUTOMATED TEST, SUCH AS OCTOPUS 3 OR 7 EQUIVA- LENT) | | | | | |
| 930 | 92082 | VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; INTERMEDIATE EXAMINATION (EG, AT LEAST 2 ISOPTERS ON GOLDMANN PERIMETER, OR SEMIQUANTITATIVE, AUTOMATED SUPRATHRESHOLD SCREENING PRO- GRAM, HUMPHREY SUPRATHRESHOLD AUTOMATIC | | | | | |
| 930 | 92083 | VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; EXTENDED EXAMINATION (EG, GOLDMANN VISUAL FIELDS WITH AT LEAST 3 ISOPTERS PLOTTED AND STATIC DETERMINATION WITHIN THE CENTRAL 30°, OR QUANTITATIVE, AUTOMATED THRESHOLD PERI | | | | | |
| 930 | 92140 | PROVOCATIVE TESTS FOR GLAUCOMA, WITH INTERPRETATION AND REPORT, WITHOUT TONOGRAPHY | | | | | |
| 930 | 92283 | COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT | | | | | |
| 930 | 92284 | DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT | | | | | |
| 930 | 92285 | EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF MEDICAL PROGRESS (EG, CLOSE-UP PHOTOGRAPHY, SLIT LAMP PHOTOGRAPHY, GONIOPHOTOGRAPHY, STEREO-PHOTOGRAPHY) | | | | | |
| 931 | Level I Eye Tests | | X | 0.74 | \$37.5 | \$21.47 | \$7.50 |
| 931 | 92120 | TONOGRAPHY WITH INTERPRETATION AND REPORT, RECORDING INDENTATION TONOMETER METHOD OR PERILIMBAL SUCTION METHOD | | | | | |
| 931 | 92130 | TONOGRAPHY WITH WATER PROVOCATION | | | | | |
| 931 | 92230 | FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT | | | | | |
| 931 | 92240 | INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT | | | | | |
| 931 | 92250 | FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT | | | | | |
| 931 | 92499 | UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE | | | | | |
| 932 | Level II Eye Tests | | X | 2.52 | \$127.69 | \$65.09 | \$25.54 |
| 932 | 92235 | FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT | | | | | |
| 932 | 92265 | NEEDLE OCULOECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH EYES, WITH INTERPRETATION AND REPORT | | | | | |
| 932 | 92270 | ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT | | | | | |
| 932 | 92286 | SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH SPECULAR ENDOTHELIAL MICROSCOPY AND CELL COUNT | | | | | |
| 932 | 92287 | SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH FLUORESCEIN ANGIOGRAPHY | | | | | |
| 936 | Fitting of Vision Aids | | X | 0.52 | \$26.35 | \$9.49 | \$5.27 |
| 936 | 92311 | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR APHAKIA, ONE EYE | | | | | |
| 936 | 92312 | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEAL LENS FOR APHAKIA, BOTH EYES | | | | | |
| 936 | 92313 | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION; CORNEOSCLERAL LENS | | | | | |
| 936 | 92315 | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEAL LENS FOR APHAKIA, ONE EYE | | | | | |
| 936 | 92316 | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEAL LENS FOR APHAKIA, BOTH EYES | | | | | |
| 936 | 92317 | PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEOSCLERAL LENS | | | | | |
| 936 | 92325 | MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH MEDICAL SUPERVISION OF ADAPTATION | | | | | |
| 936 | 92326 | REPLACEMENT OF CONTACT LENS | | | | | |
| 936 | 92330 | PRESCRIPTION, FITTING, AND SUPPLY OF OCULAR PROSTHESIS (ARTIFICIAL EYE), WITH MEDICAL SUPERVISION OF ADAPTATION | | | | | |
| 936 | 92352 | FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL | | | | | |
| 936 | 92353 | FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCA | | | | | |
| 936 | 92354 | FITTING OF SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT SYSTEM | | | | | |
| 936 | 92355 | FITTING OF SPECTACLE MOUNTED LOW VISION AID; TELESCOPIC OR OTHER COMPOUND LENS SYSTEM | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|--|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 936 | 92358 | PROSTHESIS SERVICE FOR APHAKIA, TEMPORARY (DISPOSABLE OR LOAN, INCLUDING MATERIALS) | | | | | |
| 936 | 92371 | REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA | | | | | |
| 940 | Otorhinolaryngologic Function Tests | | X | 3.04 | \$154.04 | \$51.98 | \$30.81 |
| 940 | 92512 | NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY) | | | | | |
| 940 | 92516 | FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEURONOGRAPHY) | | | | | |
| 940 | 92520 | LARYNGEAL FUNCTION STUDIES | | | | | |
| 940 | 92541 | SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDING | | | | | |
| 940 | 92542 | POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING | | | | | |
| 940 | 92543 | CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION CONSTITUTES FOUR TESTS), WITH | | | | | |
| 940 | 92544 | OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION, WITH RECORDING | | | | | |
| 940 | 92545 | OSCILLATING TRACKING TEST, WITH RECORDING | | | | | |
| 940 | 92546 | SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING | | | | | |
| 940 | 92547 | USE OF VERTICAL ELECTRODES IN ANY OR ALL OF ABOVE TESTS COUNTS AS ONE ADDITIONAL TEST | | | | | |
| 940 | 92548 | COMPUTERIZED DYNAMIC POSTUROGRAPHY | | | | | |
| 940 | 92584 | ELECTROCOCHLEOGRAPHY | | | | | |
| 940 | 92587 | EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS) | | | | | |
| 940 | 92588 | EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION (COMPARISON OF TRANSIENT AND/OR DISTOR- | | | | | |
| | | TION PRODUCT OTOACOUSTIC EMISSIONS AT MULTIPLE LEVELS AND FREQUENCIES) | | | | | |
| 941 | Level I Audiometry | | X | 0.74 | \$37.50 | \$13.56 | \$7.50 |
| 941 | 92552 | PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY | | | | | |
| 941 | 92553 | PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE | | | | | |
| 941 | 92555 | SPEECH AUDIOMETRY THRESHOLD; | | | | | |
| 941 | 92556 | SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION | | | | | |
| 941 | 92567 | TYMPANOMETRY (IMPEDANCE TESTING) | | | | | |
| 941 | 92599 | UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE | | | | | |
| 942 | Level II Audiometry | | X | 1.48 | \$74.99 | \$22.15 | \$15.00 |
| 942 | 92557 | COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED) | | | | | |
| 942 | 92561 | BEKESY AUDIOMETRY; DIAGNOSTIC | | | | | |
| 942 | 92562 | LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL | | | | | |
| 942 | 92563 | TONE DECAY TEST | | | | | |
| 942 | 92564 | SHORT INCREMENT SENSITIVITY INDEX (SISI) | | | | | |
| 942 | 92565 | STENGER TEST, PURE TONE | | | | | |
| 942 | 92568 | ACOUSTIC REFLEX TESTING | | | | | |
| 942 | 92569 | ACOUSTIC REFLEX DECAY TEST | | | | | |
| 942 | 92571 | FILTERED SPEECH TEST | | | | | |
| 942 | 92572 | STAGGERED SPONDAIC WORD TEST | | | | | |
| 942 | 92573 | LOMBARD TEST | | | | | |
| 942 | 92575 | SENSORINEURAL ACUITY LEVEL TEST | | | | | |
| 942 | 92576 | SYNTHETIC SENTENCE IDENTIFICATION TEST | | | | | |
| 942 | 92577 | STENGER TEST, SPEECH | | | | | |
| 942 | 92579 | VISUAL REINFORCEMENT AUDIOMETRY (VRA) | | | | | |
| 942 | 92582 | CONDITIONING PLAY AUDIOMETRY | | | | | |
| 942 | 92583 | SELECT PICTURE AUDIOMETRY | | | | | |
| 942 | 92589 | CENTRAL AUDITORY FUNCTION TEST(S) (SPECIFY) | | | | | |
| 942 | 92596 | EAR PROTECTOR ATTENUATION MEASUREMENTS | | | | | |
| 947 | Resuscitation and Cardioversion | | S | 4.07 | \$206.22 | \$109.61 | \$41.24 |
| 947 | 31500 | INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE | | | | | |
| 947 | 92950 | CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST) | | | | | |
| 947 | 92953 | TEMPORARY TRANSCUTANEOUS PACING | | | | | |
| 947 | 92960 | CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA, EXTERNAL | | | | | |
| 947 | 99440 | NEWBORN RESUSCITATION: PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR CHEST COMPRESSIONS IN THE PRESENCE OF ACUTE INADEQUATE VENTILATION AND/OR CARDIAC OUTPUT | | | | | |
| 948 | Cardiac Rehabilitation | | X | 0.81 | \$41.04 | \$16.95 | \$8.21 |
| 948 | 93797 | PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT CONTINUOUS ECG MONITORING (PER SESSION) | | | | | |
| 948 | 93798 | PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION) | | | | | |
| 949 | Cardiovascular Stress Test | | X | 1.46 | \$73.98 | \$62.83 | \$14.80 |
| 949 | 93017 | CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTRO- | | | | | |
| | | CARDIOGRAPHIC MONITORING, AND/OR PHARMACOLOGICAL STRESS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT | | | | | |
| 949 | 93024 | ERGONOVINE PROVOCATION TEST | | | | | |
| 950 | Electrocardiogram (ECG) | | X | 0.35 | \$17.73 | \$15.82 | \$3.55 |
| 950 | 93005 | ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT | | | | | |
| 950 | 93041 | RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT | | | | | |
| 950 | Q0035 | CARDIOKYMOGRAPHY | | | | | |
| 956 | Continuous ECG and Blood Pressure Monitoring | | X | 1.11 | \$56.24 | \$55.82 | \$11.25 |
| 956 | 93012 | TELEPHONIC TRANSMISSION OF POST-SYMPTOM ELECTROCARDIOGRAM RHYTHM STRIP(S), PER 30 DAY PERIOD OF TIME; TRACING ONLY | | | | | |
| 956 | 93224 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH VISUAL SUPERIMPOSITION SCANNING; INCLUDES RECORDING, SCANNING ANALYSIS WITH REPORT, PHYSICIAN REVIEW AND INTERPRETATION | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|------------------------------------|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 956 | 93225 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH VISUAL SUPERIMPOSITION SCANNING; RECORDING (INCLUDES HOOK-UP, RECORDING, AND DISCONNECTION) | | | | | |
| 956 | 93226 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH VISUAL SUPERIMPOSITION SCANNING; SCANNING ANALYSIS WITH REPORT | | | | | |
| 956 | 93230 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT SUPERIMPOSITION SCANNING UTILIZING A DEVICE CAPABLE OF PRODUCING A FULL MINIATURIZED PRINTOUT; INCLUDES RECORDING, MICROPROCESSOR-BASED ANALYSIS | | | | | |
| 956 | 93231 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT SUPERIMPOSITION SCANNING UTILIZING A DEVICE CAPABLE OF PRODUCING A FULL MINIATURIZED PRINTOUT; RECORDING (INCLUDES HOOK-UP, RECORDING, AND DISCONNECTION) | | | | | |
| 956 | 93232 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE WITHOUT SUPERIMPOSITION SCANNING UTILIZING A DEVICE CAPABLE OF PRODUCING A FULL MINIATURIZED PRINTOUT; MICROPROCESSOR-BASED ANALYSIS WITH REPORT | | | | | |
| 956 | 93235 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDING, AND REAL-TIME DATA ANALYSIS UTILIZING A DEVICE CAPABLE OF PRODUCING INTERMITTENT FULL-SIZED WAVEFORM TRACINGS, POSSIBLY PATIENT ACTIVATED; INC | | | | | |
| 956 | 93236 | ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORING AND NON-CONTINUOUS RECORDING, AND REAL-TIME DATA ANALYSIS UTILIZING A DEVICE CAPABLE OF PRODUCING INTERMITTENT FULL-SIZED WAVEFORM TRACINGS, POSSIBLY PATIENT ACTIVATED; MON | | | | | |
| 956 | 93268 | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD OF TIME; INCLUDES TRANSMISSION, PHYSICIAN REVIEW AND INTERPRETATION | | | | | |
| 956 | 93270 | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD OF TIME; RECORDING (INCLUDES HOOK-UP, RECORDING, AND DISCONNECTION) | | | | | |
| 956 | 93271 | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD OF TIME; MONITORING, RECEIPT OF TRANSMISSIONS, AND ANALYSIS | | | | | |
| 956 | 93278 | SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG | | | | | |
| 956 | G0004 | ECG TRANSM PHYS REVIEW & INT | | | | | |
| 956 | G0005 | ECG 24 HOUR RECORDING | | | | | |
| 956 | G0006 | ECG TRANSMISSION & ANALYSIS | | | | | |
| 956 | G0015 | POST SYMPTOM ECG TRACING | | | | | |
| 957 | Echocardiography | | S | 2.83 | \$143.39 | \$117.07 | \$28.68 |
| 957 | 76825 | ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING; | | | | | |
| 957 | 76826 | ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING; FOLLOW-UP OR REPEAT STUDY | | | | | |
| 957 | 76827 | DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; COMPLETE | | | | | |
| 957 | 76828 | DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; FOLLOW-UP OR REPEAT STUDY | | | | | |
| 957 | 93303 | TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE | | | | | |
| 957 | 93304 | TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR LIMITED STUDY | | | | | |
| 957 | 93307 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING; COMPLETE | | | | | |
| 957 | 93308 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING; FOLLOW-UP OR LIMITED STUDY | | | | | |
| 957 | 93312 | ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING); INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT | | | | | |
| 957 | 93313 | ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING); PLACEMENT OF TRANSESOPHAGEAL PROBE ONLY | | | | | |
| 957 | 93315 | TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT | | | | | |
| 957 | 93316 | TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; PLACEMENT OF TRANSESOPHAGEAL PROBE ONLY | | | | | |
| 957 | 93320 | DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHIC IMAGING 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350); COMPLETE | | | | | |
| 957 | 93321 | DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHIC IMAGING 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350); FOLLOW-UP OR LIMITED STUDY | | | | | |
| 957 | 93325 | DOPPLER COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR ECHOCARDIOGRAPHY 76825, 76826, 76827, 76828, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93320, 93321, 93350) | | | | | |
| 957 | 93350 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION AND REPORT | | | | | |
| 958 | Diagnostic Cardiac Catheterization | | T | 26.11 | \$1,322.98 | \$659.47 | \$264.60 |
| 958 | 93501 | RIGHT HEART CATHETERIZATION | | | | | |
| 958 | 93503 | INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR MONITORING PURPOSES | | | | | |
| 958 | 93505 | ENDOMYOCARDIAL BIOPSY | | | | | |
| 958 | 93510 | LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTERY OR FEMORAL ARTERY; PERCUTANEOUS | | | | | |
| 958 | 93511 | LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTERY OR FEMORAL ARTERY; BY Cutdown | | | | | |
| 958 | 93514 | LEFT HEART CATHETERIZATION BY LEFT VENTRICULAR PUNCTURE | | | | | |
| 958 | 93524 | COMBINED TRANSSEPTAL AND RETROGRADE LEFT HEART CATHETERIZATION | | | | | |
| 958 | 93526 | COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION | | | | | |

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|---|---|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 958 | 93527 | COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH INTACT SEPTUM (WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION) | | | | | |
| 958 | 93528 | COMBINED RIGHT HEART CATHETERIZATION WITH LEFT VENTRICULAR PUNCTURE (WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION) | | | | | |
| 958 | 93529 | COMBINED RIGHT HEART CATHETERIZATION AND LEFT HEART CATHETERIZATION THROUGH EXISTING SEPTAL OPENING (WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION) | | | | | |
| 958 | 93530 | RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES | | | | | |
| 958 | 93531 | COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES | | | | | |
| 958 | 93532 | COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH INTACT SEPTUM WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES | | | | | |
| 958 | 93533 | COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH EXISTING SEPTAL OPENING, WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES | | | | | |
| 958 | 93536 | PERCUTANEOUS INSERTION OF INTRA-AORTIC BALLOON CATHETER | | | | | |
| 960 | Cardiac Electrophysiologic Tests/Procedures | | S | 4.24 | \$214.84 | \$144.41 | \$42.97 |
| 960 | 93600 | BUNDLE OF HIS RECORDING | | | | | |
| 960 | 93602 | INTRA-ATRIAL RECORDING | | | | | |
| 960 | 93603 | RIGHT VENTRICULAR RECORDING | | | | | |
| 960 | 93607 | LEFT VENTRICULAR RECORDING | | | | | |
| 960 | 93609 | INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SITE(S) WITH CATHETER MANIPULATION TO RECORD FROM MULTIPLE SITES TO IDENTIFY ORIGIN OF TACHYCARDIA | | | | | |
| 960 | 93610 | INTRA-ATRIAL PACING | | | | | |
| 960 | 93612 | INTRAVENTRICULAR PACING | | | | | |
| 960 | 93615 | ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGRAM(S); | | | | | |
| 960 | 93616 | ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGRAM(S); WITH PACING | | | | | |
| 960 | 93618 | INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING | | | | | |
| 960 | 93619 | COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING, HIS BUNDLE RECORDING, INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS; WITHOUT INDUCTION OR ATTEMPTED INDUCTION | | | | | |
| 960 | 93620 | COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING, HIS BUNDLE RECORDING, INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS; WITH INDUCTION OR ATTEMPTED INDUCTION | | | | | |
| 960 | 93621 | COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING, HIS BUNDLE RECORDING, INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS; WITH LEFT ATRIAL RECORDINGS FROM CORON | | | | | |
| 960 | 93622 | COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND RECORDING, HIS BUNDLE RECORDING, INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS; WITH LEFT VENTRICULAR RECORDINGS, WITH | | | | | |
| 960 | 93623 | PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (USE THIS CODE WITH 93620, 93621, 93622) | | | | | |
| 960 | 93624 | ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST EFFECTIVENESS OF THERAPY, INCLUDING INDUCTION OR ATTEMPTED INDUCTION OF ARRHYTHMIA | | | | | |
| 960 | 93631 | INTRA-OPERATIVE EPICARDIAL AND ENDOCARDIAL PACING AND MAPPING TO LOCALIZE THE SITE OF TACHYCARDIA OR ZONE OF SLOW CONDUCTION FOR SURGICAL CORRECTION | | | | | |
| 960 | 93640 | ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR LEADS (INCLUDES DEFIBRILLATION THRESHOLD TESTING AND SENSING FUNCTION) AT TIME OF INITIAL IMPLANTATION OR REPLACEMENT; | | | | | |
| 960 | 93641 | ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR LEADS (INCLUDES DEFIBRILLATION THRESHOLD TESTING AND SENSING FUNCTION) AT TIME OF INITIAL IMPLANTATION OR REPLACEMENT; WITH TESTING OF CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR | | | | | |
| 960 | 93642 | ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR (INCLUDES DEFIBRILLATION THRESHOLD EVALUATION, INDUCTION OF ARRHYTHMIA, EVALUATION OF SENSING AND PACING FOR ARRHYTHMIA TERMINATION, AND PROGRAMMING OR REPROGRAMMING OF SENSING OR THERAPEUTIC PAR | | | | | |
| 960 | 93650 | INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNCTION, ATRIOVENTRICULAR CONDUCTION FOR CREATION OF COMPLETE HEART BLOCK, WITH OR WITHOUT TEMPORARY PACEMAKER PLACEMENT | | | | | |
| 960 | 93651 | INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF SUPRAVENTRICULAR TACHYCARDIA BY ABLATION OF FAST OR SLOW ATRIOVENTRICULAR PATHWAYS, ACCESSORY ATRIOVENTRICULAR CONNECTIONS OR OTHER ATRIAL FOCI, SINGLY OR IN COMBINATION | | | | | |
| 960 | 93652 | INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF VENTRICULAR TACHYCARDIA | | | | | |
| 960 | 93660 | EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOUS ECG MONITORING AND INTERMITTENT BLOOD PRESSURE MONITORING, WITH OR WITHOUT PHARMACOLOGICAL INTERVENTION | | | | | |
| 960 | 93724 | ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES ELECTROCARDIOGRAPHIC RECORDING, PROGRAMMING OF DEVICE, INDUCTION AND TERMINATION OF TACHYCARDIA VIA IMPLANTED PACEMAKER, AND INTERPRETATION OF RECORDINGS) | | | | | |
| 966 | Electronic Analysis of Pacemakers/other devices | | X | 0.39 | \$19.76 | \$12.43 | \$3.95 |
| 966 | 62367 | ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITHOUT REPROGRAMMING | | | | | |
| 966 | 62368 | ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITH REPROGRAMMING | | | | | |
| 966 | 63690 | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (MAY INCLUDE RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING, IMPEDANCE AND PATIENT COMPLIANCE MEAS | | | | | |
| 966 | 63691 | ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (MAY INCLUDE RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING, IMPEDANCE AND PATIENT COMPLIANCE MEAS | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|-------------------------------|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 966 | 93731 | ELECTRONIC ANALYSIS OF DUAL-CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETATION OF RECORDINGS AT REST AND DURING EXERCISE, ANALYSIS | | | | | |
| 966 | 93732 | ELECTRONIC ANALYSIS OF DUAL-CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETATION OF RECORDINGS AT REST AND DURING EXERCISE, ANALYSIS | | | | | |
| 966 | 93733 | ELECTRONIC ANALYSIS OF DUAL CHAMBER INTERNAL PACEMAKER SYSTEM (MAY INCLUDE RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, AND/OR TESTING OF SENSORY FUNCTION OF PACEMAKER), TELEPHONIC ANALYSIS | | | | | |
| 966 | 93734 | ELECTRONIC ANALYSIS OF SINGLE CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETATION OF RECORDINGS AT REST AND DURING EXERCISE, ANALYSIS | | | | | |
| 966 | 93735 | ELECTRONIC ANALYSIS OF SINGLE CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF PROGRAMMABLE PARAMETERS AT REST AND DURING ACTIVITY WHERE APPLICABLE, USING ELECTROCARDIOGRAPHIC RECORDING AND INTERPRETATION OF RECORDINGS AT REST AND DURING EXERCISE, ANALYSIS | | | | | |
| 966 | 93736 | ELECTRONIC ANALYSIS OF SINGLE CHAMBER INTERNAL PACEMAKER SYSTEM (MAY INCLUDE RATE, PULSE AMPLITUDE AND DURATION, CONFIGURATION OF WAVE FORM, AND/OR TESTING OF SENSORY FUNCTION OF PACEMAKER), TELEPHONIC ANALYSIS | | | | | |
| 966 | 93737 | ELECTRONIC ANALYSIS OF CARDIOVERTER/DEFIBRILLATOR ONLY (INTERROGATION, EVALUATION OF PULSE GENERATOR STATUS); WITHOUT REPROGRAMMING | | | | | |
| 966 | 93738 | ELECTRONIC ANALYSIS OF CARDIOVERTER/DEFIBRILLATOR ONLY (INTERROGATION, EVALUATION OF PULSE GENERATOR STATUS); WITH REPROGRAMMING | | | | | |
| 967 | Non-Invasive Vascular Studies | | X | 1.70 | \$86.14 | \$57.40 | \$17.23 |
| 967 | 93720 | PLETHYSMOGRAPHY, TOTAL BODY; WITH INTERPRETATION AND REPORT | | | | | |
| 967 | 93721 | PLETHYSMOGRAPHY, TOTAL BODY; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT | | | | | |
| 967 | 93740 | TEMPERATURE GRADIENT STUDIES | | | | | |
| 967 | 93799 | UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE | | | | | |
| 967 | 93922 | NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, SINGLE LEVEL, BILATERAL (EG, ANKLE/BRACHIAL INDICES, DOPPLER WAVEFORM ANALYSIS, VOLUME PLETHYSMOGRAPHY, TRANSCUTANEOUS OXYGEN TENSION MEASUREMENT) | | | | | |
| 967 | 93923 | NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, MULTIPLE LEVELS OR WITH PROVOCATIVE FUNCTIONAL MANEUVERS, COMPLETE BILATERAL STUDY (EG, SEGMENTAL BLOOD PRESSURE MEASUREMENTS, SEGMENTAL DOPPLER WAVEFORM ANALYSIS, SEGMENTAL VOLUME PLE | | | | | |
| 967 | 93924 | NON-INVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND FOLLOWING TREADMILL STRESS TESTING, COMPLETE BILATERAL STUDY | | | | | |
| 967 | 93965 | NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE BILATERAL STUDY (EG, DOPPLER WAVEFORM ANALYSIS WITH RESPONSES TO COMPRESSION AND OTHER MANEUVERS, PHLEBORHEOGRAPHY, IMPEDANCE PLETHYSMOGRAPHY) | | | | | |
| 968 | Vascular Ultrasound | | X | 2.37 | \$120.09 | \$79.55 | \$24.02 |
| 968 | 93875 | NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTRACRANIAL ARTERIES, COMPLETE BILATERAL STUDY (EG, PERIORBITAL FLOW DIRECTION WITH ARTERIAL COMPRESSION, OCULAR PNEUMOPLETHYSMOGRAPHY, DOPPLER ULTRASOUND SPECTRAL ANALYSIS) | | | | | |
| 968 | 93880 | DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY | | | | | |
| 968 | 93882 | DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY | | | | | |
| 968 | 93886 | TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY | | | | | |
| 968 | 93888 | TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY | | | | | |
| 968 | 93925 | DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY | | | | | |
| 968 | 93926 | DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY | | | | | |
| 968 | 93930 | DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY | | | | | |
| 968 | 93931 | DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY | | | | | |
| 968 | 93970 | DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; COMPLETE BILATERAL STUDY | | | | | |
| 968 | 93971 | DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; UNILATERAL OR LIMITED STUDY | | | | | |
| 968 | 93975 | DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL CONTENTS AND/OR RETROPERITONEAL ORGANS; COMPLETE STUDY | | | | | |
| 968 | 93976 | DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL CONTENTS AND/OR RETROPERITONEAL ORGANS; LIMITED STUDY | | | | | |
| 968 | 93978 | DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; COMPLETE STUDY | | | | | |
| 968 | 93979 | DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY | | | | | |
| 968 | 93980 | DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; COMPLETE STUDY | | | | | |
| 968 | 93981 | DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; FOLLOW-UP OR LIMITED STUDY | | | | | |
| 968 | 93990 | DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF ACCESS AND VENOUS OUTFLOW) | | | | | |
| 969 | Hyperbaric Oxygen | | S | 2.65 | \$134.27 | \$141.70 | \$26.85 |
| 969 | 99183 | PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION | | | | | |
| 971 | Level I Pulmonary Tests | | X | 0.78 | \$39.52 | \$21.47 | \$7.90 |
| 971 | 94010 | SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE MEASUREMENT(S), WITH OR WITHOUT MAXIMAL VOLUNTARY VENTILATION | | | | | |
| 971 | 94060 | BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND AFTER BRONCHODILATOR (AEROSOL OR PARENTERAL) OR EXERCISE | | | | | |
| 971 | 94200 | MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION | | | | | |
| 971 | 94250 | EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCEDURE) | | | | | |
| 971 | 94260 | THORACIC GAS VOLUME | | | | | |
| 971 | 94360 | DETERMINATION OF RESISTANCE TO AIRFLOW, OSCILLATORY OR PLETHYSMOGRAPHIC METHODS | | | | | |
| 971 | 94375 | RESPIRATORY FLOW VOLUME LOOP | | | | | |
| 971 | 94400 | BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE) | | | | | |
| 971 | 94450 | BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE) | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|---------------------------|---|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 971 | 94762 | NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS OVERNIGHT MONITORING (SEPARATE PROCEDURE) | | | | | |
| 971 | 94770 | CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER | | | | | |
| 971 | 94799 | UNLISTED PULMONARY SERVICE OR PROCEDURE | | | | | |
| 972 | Level II Pulmonary Tests | | X | 1.02 | \$51.68 | \$29.38 | \$10.34 |
| 972 | 94240 | FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME: HELIUM METHOD, NITROGEN OPEN CIRCUIT METHOD, OR OTHER METHOD | | | | | |
| 972 | 94350 | DETERMINATION OF MALDISTRIBUTION OF INSPIRED GAS: MULTIPLE BREATH NITROGEN WASHOUT CURVE INCLUDING ALVEOLAR NITROGEN OR HELIUM EQUILIBRATION TIME | | | | | |
| 972 | 94370 | DETERMINATION OF AIRWAY CLOSING VOLUME, SINGLE BREATH TESTS | | | | | |
| 972 | 94680 | OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE | | | | | |
| 972 | 94681 | OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE OXYGEN EXTRACTED | | | | | |
| 972 | 94690 | OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDURE) | | | | | |
| 972 | 94720 | CARBON MONOXIDE DIFFUSING CAPACITY, ANY METHOD | | | | | |
| 972 | 94725 | MEMBRANE DIFFUSION CAPACITY | | | | | |
| 973 | Level III Pulmonary Tests | | S | 1.89 | \$95.77 | \$55.82 | \$19.15 |
| 973 | 94070 | PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH MULTIPLE SPIROMETRIC DETERMINATIONS AFTER ANTIGEN, COLD AIR, METHACHOLINE OR OTHER CHEMICAL AGENT, WITH SPIROMETRY AS IN 94010 | | | | | |
| 973 | 94620 | PULMONARY STRESS TESTING, SIMPLE OR COMPLEX | | | | | |
| 973 | 94750 | PULMONARY COMPLIANCE STUDY, ANY METHOD | | | | | |
| 973 | 94772 | CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOUR CONTINUOUS RECORDING, INFANT | | | | | |
| 973 | 95070 | INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS); WITH HISTAMINE, METHACHOLINE, OR SIMILAR COMPOUNDS | | | | | |
| 973 | 95071 | INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS); WITH ANTIGENS OR GASES, SPECIFY | | | | | |
| 976 | Pulmonary Therapy | | S | 0.44 | \$22.29 | \$14.92 | \$4.46 |
| 976 | 94640 | NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION | | | | | |
| 976 | 94642 | AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT OR PROPHYLAXIS | | | | | |
| 976 | 94650 | INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) TREATMENT, AIR OR OXYGEN, WITH OR WITHOUT NEBULIZED MEDICATION; INITIAL DEMONSTRATION AND/OR EVALUATION | | | | | |
| 976 | 94651 | INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) TREATMENT, AIR OR OXYGEN, WITH OR WITHOUT NEBULIZED MEDICATION; SUBSEQUENT | | | | | |
| 976 | 94657 | VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROLLED BREATHING; SUBSEQUENT DAYS | | | | | |
| 976 | 94660 | CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND MANAGEMENT | | | | | |
| 976 | 94662 | CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEMENT | | | | | |
| 976 | 94664 | AEROSOL OR VAPOR INHALATIONS FOR SPUTUM MOBILIZATION, BRONCHODILATION, OR SPUTUM INDUCTION FOR DIAGNOSTIC PURPOSES; INITIAL DEMONSTRATION AND/OR EVALUATION | | | | | |
| 976 | 94665 | AEROSOL OR VAPOR INHALATIONS FOR SPUTUM MOBILIZATION, BRONCHODILATION, OR SPUTUM INDUCTION FOR DIAGNOSTIC PURPOSES; SUBSEQUENT | | | | | |
| 977 | Allergy Tests | | X | 0.63 | \$31.92 | \$12.66 | \$6.38 |
| 977 | 95004 | PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, SPECIFY NUMBER OF TESTS | | | | | |
| 977 | 95010 | PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) SEQUENTIAL AND INCREMENTAL, WITH DRUGS, BIOLOGICALS OR VENOMS, IMMEDIATE TYPE REACTION, SPECIFY NUMBER OF TESTS | | | | | |
| 977 | 95015 | INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH DRUGS, BIOLOGICALS, OR VENOMS, IMMEDIATE TYPE REACTION, SPECIFY NUMBER OF TESTS | | | | | |
| 977 | 95024 | INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, SPECIFY NUMBER OF TESTS | | | | | |
| 977 | 95027 | SKIN END POINT TITRATION | | | | | |
| 977 | 95028 | INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE REACTION, INCLUDING READING, SPECIFY NUMBER OF TESTS | | | | | |
| 977 | 95044 | PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS) | | | | | |
| 977 | 95052 | PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS) | | | | | |
| 977 | 95056 | PHOTO TESTS | | | | | |
| 977 | 95060 | OPHTHALMIC MUCOUS MEMBRANE TESTS | | | | | |
| 977 | 95065 | DIRECT NASAL MUCOUS MEMBRANE TEST | | | | | |
| 977 | 95078 | PROVOCATIVE TESTING (EG, RINKEL TEST) | | | | | |
| 977 | 95180 | RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILLIN, HORSE SERUM) | | | | | |
| 977 | 95199 | UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE | | | | | |
| 978 | Allergy Injections | | X | 0.31 | \$15.71 | \$3.39 | \$3.14 |
| 978 | 95115 | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; SINGLE INJECTION | | | | | |
| 978 | 95117 | PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; TWO OR MORE INJECTIONS | | | | | |
| 978 | 95144 | PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY, SINGLE OR MULTIPLE ANTIGENS, SINGLE DOSE VIALS (SPECIFY NUMBER OF VIALS) | | | | | |
| 978 | 95145 | PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); SINGLE STINGING INSECT VENOM | | | | | |
| 978 | 95146 | PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); TWO SINGLE STINGING INSECT VENOMS | | | | | |
| 978 | 95147 | PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); THREE SINGLE STINGING INSECT VENOMS | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT 1/ HCPCS 2 | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|--------------------------------|---|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 978 | 95148 | PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER OF DOSES); FOUR SINGLE STINGING INSECT VENOMS | | | | | |
| 978 | 95165 | PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY; SINGLE OR MULTIPLE ANTIGENS (SPECIFY NUMBER OF DOSES) | | | | | |
| 979 | Extended | EEG Studies and Sleep Studies | S | 10.17 | \$515.31 | \$288.83 | \$103.06 |
| 979 | 95805 | MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS | | | | | |
| 979 | 95806 | SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND OXYGEN SATURATION, UNATTENDED BY A TECHNOLOGIST | | | | | |
| 979 | 95807 | SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND OXYGEN SATURATION, ATTENDED BY A TECHNOLOGIST | | | | | |
| 979 | 95808 | POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST | | | | | |
| 979 | 95810 | POLYSOMNOGRAPHY; OF SLEEP, ATTENDED BY A TECHNOLOGIST SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST | | | | | |
| 979 | 95811 | POLYSOMNOGRAPHY; OF SLEEP, ATTENDED BY A TECHNOLOGIST SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST | | | | | |
| 979 | 95812 | ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; UP TO ONE HOUR | | | | | |
| 979 | 95813 | ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; GREATER THAN ONE HOUR | | | | | |
| 979 | 95827 | ELECTROENCEPHALOGRAM (EEG); ALL NIGHT SLEEP ONLY | | | | | |
| 979 | 95951 | MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY, COMBINED ELECTROENCEPHALOGRAPHIC (EEG) AND VIDEO RECORDING AND INTERPRETATION (EG, FOR PRESURGICAL LOCALIZATION), EACH 24 HOURS | | | | | |
| 979 | 95953 | MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE 16 OR MORE CHANNEL EEG, ELECTROENCEPHALOGRAPHIC (EEG) RECORDING AND INTERPRETATION, EACH 24 HOURS | | | | | |
| 979 | 95954 | PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN ATTENDANCE DURING EEG RECORDING OF ACTIVATION PHASE (EG, THIOPENTAL ACTIVATION TEST) | | | | | |
| 979 | 95956 | MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY, ELECTROENCEPHALOGRAPHIC (EEG) RECORDING AND INTERPRETATION, EACH 24 HOURS | | | | | |
| 979 | 95958 | WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING | | | | | |
| 980 | Electroencephalogram | | S | 2.15 | \$108.94 | \$57.86 | \$21.79 |
| 980 | 92275 | ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT | | | | | |
| 980 | 95857 | TENSILON TEST FOR MYASTHENIA GRAVIS; | | | | | |
| 980 | 95867 | NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, UNILATERAL | | | | | |
| 980 | 95869 | NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES | | | | | |
| 980 | 95870 | NEEDLE ELECTROMYOGRAPHY; OTHER THAN PARASPINAL (EG, ABDOMEN, THORAX) | | | | | |
| 980 | 95900 | NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE, ANY/ALL SITE(S) ALONG THE NERVE; MOTOR, WITHOUT F-WAVE STUDY | | | | | |
| 980 | 95921 | TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDIOVAGAL INNERVATION (PARASYMPATHETIC FUNCTION), INCLUDING TWO OR MORE OF THE FOLLOWING: HEART RATE RESPONSE TO DEEP BREATHING WITH RECORDED R-R INTERVAL, VALSALVA RATIO, AND 30:15 RATIO | | | | | |
| 980 | 95922 | TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VASOMOTOR ADRENERGIC INNERVATION (SYMPATHETIC ADRENERGIC FUNCTION), INCLUDING BEAT-TO-BEAT BLOOD PRESSURE AND R-R INTERVAL CHANGES DURING VALSALVA MANEUVER AND AT LEAST FIVE MINUTES OF PASSIVE TILT | | | | | |
| 980 | 95923 | TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING ONE OR MORE OF THE FOLLOWING: QUANTITATIVE SUDOMOTOR AXON REFLEX TEST (QSART), SILASTIC SWEAT IMPRINT, THERMOREGULATORY SWEAT TEST, AND CHANGES IN SYMPATHETIC SKIN POTENTIAL | | | | | |
| 980 | 95926 | SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN LOWER LIMBS | | | | | |
| 980 | 95927 | SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN THE TRUNK OR HEAD | | | | | |
| 980 | 95930 | VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERBOARD OR FLASH | | | | | |
| 980 | 95933 | ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING | | | | | |
| 980 | 95934 | H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD GASTROCNEMIUS/SOLEUS MUSCLE | | | | | |
| 980 | 95936 | H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD MUSCLE OTHER THAN GASTROCNEMIUS/SOLEUS MUSCLE | | | | | |
| 980 | 95937 | NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY ONE METHOD | | | | | |
| 980 | 95950 | MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZURE FOCUS, ELECTROENCEPHALOGRAPHIC (EG, 8 CHANNEL EEG) RECORDING AND INTERPRETATION, EACH 24 HOURS | | | | | |
| 981 | Level I Nerve and Muscle Tests | | X | 1.46 | \$73.98 | \$41.81 | \$14.80 |
| 981 | 92585 | AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM | | | | | |
| 981 | 95858 | TENSILON TEST FOR MYASTHENIA GRAVIS; WITH ELECTROMYOGRAPHIC RECORDING | | | | | |
| 981 | 95860 | NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS | | | | | |
| 981 | 95861 | NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS | | | | | |
| 981 | 95863 | NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS | | | | | |
| 981 | 95864 | NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS | | | | | |
| 981 | 95868 | NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL | | | | | |
| 981 | 95872 | NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIVE MEASUREMENT OF JITTER, BLOCKING AND/OR FIBER DENSITY, ANY/ALL SITES OF EACH MUSCLE STUDIED | | | | | |
| 981 | 95875 | ISCHEMIC LIMB EXERCISE WITH NEEDLE ELECTROMYOGRAPHY, WITH LACTIC ACID DETERMINATION | | | | | |
| 981 | 95903 | NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE, ANY/ALL SITE(S) ALONG THE NERVE; MOTOR, WITH F-WAVE STUDY | | | | | |
| 981 | 95904 | NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE, ANY/ALL SITE(S) ALONG THE NERVE; SENSORY | | | | | |
| 981 | 95920 | INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR | | | | | |

(See Addendum D. for Payment of Medical Visits)

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ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT PAYMENT FOR PROCEDURES BY APC—Continued

| APC | CPT ^{1/} HCPCS ² | HCPCS Description | Status indicator | Relative weight | Proposed payment rate | National unadjusted coinsurance | Minimum unadjusted coinsurance |
|-----|--|--|---------------------|--------------------|-----------------------------|---------------------------------------|--------------------------------------|
| 981 | 95925 | SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN UPPER LIMBS | | | | | |
| 982 | Level II Nerve and Muscle Tests | | X | 1.39 | \$70.43 | \$38.87 | \$14.09 |
| 982 | 92585 | Auditory evoked potential | | | | | |
| 982 | 95858 | Tensilon test & myogram | | | | | |
| 982 | 95860 | Muscle test, one limb | | | | | |
| 982 | 95861 | Muscle test, two limbs | | | | | |
| 982 | 95863 | Muscle test, 3 limbs | | | | | |
| 982 | 95864 | Muscle test, 4 limbs | | | | | |
| 982 | 95868 | Muscle test, head or neck | | | | | |
| 982 | 95872 | Muscle test, one fiber | | | | | |
| 982 | 95875 | Limb exercise test | | | | | |
| 982 | 95925 | Somatosensory testing | | | | | |
| 987 | Subcutaneous or Intramuscular Chemotherapy | | S | .65 | \$32.94 | \$13.33 | \$6.59 |
| 987 | 96400 | CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR, WITH OR WITHOUT LOCAL ANESTHESIA | | | | | |
| 987 | 96405 | CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS | | | | | |
| 987 | 96406 | CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; MORE THAN 7 LESIONS | | | | | |
| 987 | 96549 | UNLISTED CHEMOTHERAPY PROCEDURE | | | | | |
| 987 | Q0083 | Chemo other than infusion | | | | | |
| 988 | Chemotherapy except by Extended Infusion | | S | 4.15 | \$210.28 | \$97.52 | \$42.06 |
| 988 | 96408 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; PUSH TECHNIQUE | | | | | |
| 988 | 96410 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, UP TO ONE HOUR | | | | | |
| 988 | 96412 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, ONE TO 8 HOURS, EACH ADDITIONAL HOUR | | | | | |
| 988 | 96420 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE | | | | | |
| 988 | 96422 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR | | | | | |
| 988 | 96423 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, ONE TO 8 HOURS, EACH ADDITIONAL HOUR | | | | | |
| 989 | Chemotherapy by Extended Infusion | | S | 1.72 | \$87.15 | \$40.68 | \$17.43 |
| 989 | 96414 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING THE USE OF A PORTABLE OR IMPLANTABLE PUMP | | | | | |
| 989 | 96425 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS), REQUIRING THE USE OF A PORTABLE OR IMPLANTABLE PUMP | | | | | |
| 989 | 96440 | CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING THORACENTESIS | | | | | |
| 989 | 96445 | CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY, REQUIRING AND INCLUDING PERITONEOCENTESIS | | | | | |
| 989 | 96450 | CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING LUMBAR PUNCTURE | | | | | |
| 989 | 96542 | CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS RESERVOIR, SINGLE OR MULTIPLE AGENTS | | | | | |
| 989 | Q0084 | Chemo, infusion only | | | | | |
| 989 | Q0085 | Chemo, infusion and other technique | | | | | |
| 990 | Photochemotherapy | | S | .43 | \$21.79 | \$8.14 | \$4.36 |
| 990 | 96900 | ACTINOTHERAPY (ULTRAVIOLET LIGHT) | | | | | |
| 990 | 96910 | PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AND ULTRAVIOLET B | | | | | |
| 990 | 96912 | PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA) | | | | | |
| 990 | 96913 | PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE DERMATOSES REQUIRING AT LEAST FOUR TO EIGHT HOURS OF CARE UNDER DIRECT SUPERVISION OF THE PHYSICIAN (INCLUDES APPLICATION OF MEDICATION AND DRESSINGS) | | | | | |
| 990 | 96999 | UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE | | | | | |
| 997 | Manipulation Therapy | | S | .69 | \$34.96 | \$7.23 | \$6.99 |
| 997 | 97250 | MYOFASCIAL RELEASE/SOFT TISSUE MOBILIZATION, ONE OR MORE REGIONS | | | | | |
| 997 | 97260 | MANIPULATION (CERVICAL, THORACIC, LUMBOSACRAL, SACROILIAC, HAND, WRIST) (SEPARATE PROCEDURE), PERFORMED BY PHYSICIAN; ONE AREA | | | | | |
| 997 | 97261 | MANIPULATION (CERVICAL, THORACIC, LUMBOSACRAL, SACROILIAC, HAND, WRIST) (SEPARATE PROCEDURE), PERFORMED BY PHYSICIAN; EACH ADDITIONAL AREA | | | | | |
| 997 | 98925 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVOLVED | | | | | |
| 997 | 98926 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO FOUR BODY REGIONS INVOLVED | | | | | |
| 997 | 98927 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); FIVE TO SIX BODY REGIONS INVOLVED | | | | | |
| 997 | 98928 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS INVOLVED | | | | | |
| 997 | 98929 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INVOLVED | | | | | |
| 997 | 98940 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS | | | | | |
| 997 | 98941 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS | | | | | |
| 997 | 98942 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS | | | | | |
| 999 | Therapeutic Phlebotomy | | X | .43 | \$21.79 | \$10.85 | \$4.36 |
| 999 | 99195 | PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE) | | | | | |

ADDENDUM D.—SUMMARY OF MEDICAL APCs

| APC | CPT ¹ HCPCS ² | Description |
|---------------------------------|---|--|
| 911 Low Level Clinic Visits | 99201 99202 99211 99212 99241 99242 99271 99272 G0101 | Office/outpatient visit, new Office/outpatient visit, new Office/outpatient visit, est Office/outpatient visit, est Office consultation Office consultation Confirmatory consultation Confirmatory consultation Cancer Screening Exam, Women |
| 913 Mid Level Clinic Visits | 92002 92012 99203 99213 99243 99273 | Eye exam, new patient Eye exam established pt Office/outpatient visit, new Office/outpatient visit, est Office consultation Confirmatory consultation |
| 915 High Level Clinic Visits | 92004 92014 92506 99204 99205 99214 99215 99244 99245 99274 99275 | Eye exam, new patient Eye exam & treatment Speech & hearing evaluation Office/outpatient visit, new Office/outpatient visit, new Office/outpatient visit, est Office/outpatient visit, est Office consultation Office consultation Confirmatory consultation Confirmatory consultation |
| 951 Low Level Emergency Visits | 99281 99282 | Emergency dept visit Emergency dept visit |
| 953 Mid Level Emergency Visits | 99283 | Emergency dept visit |
| 955 High Level Emergency Visits | 99284 99285 | Emergency dept visit Emergency dept visit |

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Note: Medical visit APCs are created by combining level of visit from Addendum D with reason for visit from Addendum E. Thus a midlevel clinic visit (99203) for an eye disorder groups to APC 91368.

ADDENDUM E.—MAJOR DIAGNOSTIC CATEGORIES (MDCs)

| MDC | Description |
|-----|---|
| 11 | Well care and administrative |
| 18 | Skin and breast diseases |
| 24 | Musculoskeletal diseases |
| 31 | Ear, nose, mouth and throat diseases |
| 33 | Respiratory system diseases |
| 36 | Cardiovascular system diseases |
| 41 | Digestive system diseases |
| 53 | Kidney, urinary tract and male genital diseases |
| 56 | Female genital system diseases |
| 57 | Pregnancy and Neonatal Care |
| 63 | Nervous System Diseases |
| 68 | Eye Diseases |
| 72 | Trauma and poisoning |
| 78 | Major signs, symptoms and findings |
| 82 | Endocrine, nutritional and metabolic diseases |
| 86 | Immunologic and hematologic diseases |
| 88 | Malignancy |
| 91 | Psychiatric Disorders |
| 97 | Infectious disease |
| 99 | Unknown cause of mortality |

ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS

| ICD-9 | ICD-9 Description | MDC |
|-------|---------------------------------|-----|
| 0010 | CHOLERA D/T VIB CHOLERA E | 41 |
| 0011 | CHOLERA D/T VIB EL TOR | 41 |
| 0019 | CHOLERA NOS | 41 |

*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

| ICD-9 | ICD-9 Description | MDC |
|-------|---------------------------------|-----|
| 0020 | TYPHOID FEVER | 97 |
| 0021 | PARATYPHOID FEVER A | 97 |
| 0022 | PARATYPHOID FEVER B | 97 |
| 0023 | PARATYPHOID FEVER C | 97 |
| 0029 | PARATYPHOID FEVER NOS | 97 |
| 0030 | SALMONELLA ENTERITIS | 41 |
| 0031 | SALMONELLA SEPTICEMIA | 97 |
| 00320 | LOCAL SALMONELLA INF NOS | 97 |
| 00321 | SALMONELLA MENINGITIS | 97 |
| 00322 | SALMONELLA PNEUMONIA | 33 |
| 00323 | SALMONELLA ARTHRITIS | 24 |
| 00324 | SALMONELLA OSTEOMYELITIS | 24 |
| 00329 | LOCAL SALMONELLA INF NEC | 97 |
| 0038 | SALMONELLA INFECTION NEC | 97 |
| 0039 | SALMONELLA INFECTION NOS | 97 |
| 0040 | SHIGELLA DYSENTERIAE | 41 |
| 0041 | SHIGELLA FLEXNERI | 41 |
| 0042 | SHIGELLA BOYDII | 41 |
| 0043 | SHIGELLA SONNEI | 41 |
| 0048 | SHIGELLA INFECTION NEC | 41 |
| 0049 | SHIGELLOSIS NOS | 41 |
| 0050 | STAPH FOOD POISONING | 41 |
| 0051 | BOTULISM | 97 |
| 0052 | FOOD POIS D/T C. PERFRIN | 41 |
| 0053 | FOOD POIS: CLOSTRID NEC | 41 |
| 0054 | FOOD POIS: V. PARAHAE | 41 |
| 00581 | FOOD POISN D/T V. VULNIF | 41 |
| 00589 | BACT FOOD POISONING NEC | 41 |
| 0059 | FOOD POISONING NOS | 41 |
| 0060 | AC AMEBIASIS W/O ABSCESS | 41 |
| 0061 | CHR AMEBIASIS W/O ABSCESS | 41 |
| 0062 | AMEBIC NONDYSENT COLITIS | 41 |
| 0063 | AMEBIC LIVER ABSCESS | 41 |
| 0064 | AMEBIC LUNG ABSCESS | 33 |
| 0065 | AMEBIC BRAIN ABSCESS | 97 |
| 0066 | AMEBIC SKIN ULCERATION | 18 |
| 0068 | AMEBIC INFECTION NEC | 97 |
| 0069 | AMEBIASIS NOS | 97 |
| 0070 | BALANTIDIASIS | 41 |
| 0071 | GIARDIASIS | 41 |
| 0072 | COCCIDIOSIS | 41 |
| 0073 | INTEST TRICHOMONIASIS | 41 |
| 0078 | PROTOZOAL INTEST DIS NEC | 41 |
| 0079 | PROTOZOAL INTEST DIS NOS | 41 |
| 00800 | INTEST INFEC E COLI NOS | 41 |
| 00801 | INT INF E COLI ENTRPATH | 41 |
| 00802 | INT INF E COLI ENTRTOXGN | 41 |
| 00803 | INT INF E COLI ENTRNVSV | 41 |
| 00804 | INT INF E COLI ENTRHMRG | 41 |
| 00809 | INT INF E COLI SPCF NEC | 41 |
| 0081 | ARIZONA ENTERITIS | 41 |
| 0082 | AEROBACTER ENTERITIS | 41 |
| 0083 | PROTEUS ENTERITIS | 41 |
| 00841 | STAPHYLOCOCC ENTERITIS | 41 |
| 00842 | PSEUDOMONAS ENTERITIS | 41 |
| 00843 | INT INFEC CAMPYLOBACTER | 41 |
| 00844 | INT INF YRSNIA ENTRCLTCA | 41 |
| 00845 | INT INF CLSTRDIUM DFCILE | 41 |
| 00846 | INTES INFEC OTH ANEROBES | 41 |
| 00847 | INT INF OTH GRM NEG BCTR | 41 |
| 00849 | BACTERIAL ENTERITIS NEC | 41 |
| 0085 | BACTERIAL ENTERITIS NOS | 41 |
| 00861 | INTES INFEC ROTAVIRUS | 41 |
| 00862 | INTES INFEC ADENOVIRUS | 41 |
| 00863 | INT INF NORWALK VIRUS | 41 |
| 00864 | INT INF OTH SML RND VRUS | 41 |
| 00865 | INTES INFEC CALCIVIRUS | 41 |
| 00866 | INTES INFEC ASTROVIRUS | 41 |
| 00867 | INT INF ENTEROVIRUS NEC | 41 |
| 00869 | OTHER VIRAL INTES INFEC | 41 |
| 0088 | VIRAL ENTERITIS NOS | 41 |
| 0090 | INFECTIOUS ENTERITIS NOS | 41 |
| 0091 | ENTERITIS OF INFECT ORIG | 41 |
| 0092 | INFECTIOUS DIARRHEA NOS | 41 |
| 0093 | DIARRHEA OF INFECT ORIG | 41 |
| 01000 | PRIM TB COMPLEX-UNSPEC | 33 |

*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

| ICD-9 | ICD-9 Description | MDC |
|-------|--------------------------------|-----|
| 01001 | PRIM TB COMPLEX-NO EXAM | 33 |
| 01002 | PRIM TB COMPLEX-EXM UNKN | 33 |
| 01003 | PRIM TB COMPLEX-MICRO DX | 33 |
| 01004 | PRIM TB COMPLEX-CULT DX | 33 |
| 01005 | PRIM TB COMPLEX-HISTO DX | 33 |
| 01006 | PRIM TB COMPLEX-OTH TEST | 33 |
| 01010 | PRIM TB PLEURISY-UNSPEC | 33 |
| 01011 | PRIM TB PLEURISY-NO EXAM | 33 |
| 01012 | PRIM TB PLEUR-EXAM UNKN | 33 |
| 01013 | PRIM TB PLEURIS-MICRO DX | 33 |
| 01014 | PRIM TB PLEURISY-CULT DX | 33 |
| 01015 | PRIM TB PLEURIS-HISTO DX | 33 |
| 01016 | PRIM TB PLEURIS-OTH TEST | 33 |
| 01080 | PRIM PROG TB NEC-UNSPEC | 33 |
| 01081 | PRIM PROG TB NEC-NO EXAM | 33 |
| 01082 | PRIM PR TB NEC-EXAM UNKN | 33 |
| 01083 | PRIM PRG TB NEC-MICRO DX | 33 |
| 01084 | PRIM PROG TB NEC-CULT DX | 33 |
| 01085 | PRIM PRG TB NEC-HISTO DX | 33 |
| 01086 | PRIM PRG TB NEC-OTH TEST | 33 |
| 01090 | PRIMARY TB NOS-UNSPEC | 33 |
| 01091 | PRIMARY TB NOS-NO EXAM | 33 |
| 01092 | PRIMARY TB NOS-EXAM UNKN | 33 |
| 01093 | PRIMARY TB NOS-MICRO DX | 33 |
| 01094 | PRIMARY TB NOS-CULT DX | 33 |
| 01095 | PRIMARY TB NOS-HISTO DX | 33 |
| 01096 | PRIMARY TB NOS-OTH TEST | 33 |
| 01100 | TB LUNG INFILTR-UNSPEC | 33 |
| 01101 | TB LUNG INFILTR-NO EXAM | 33 |
| 01102 | TB LUNG INFILTR-EXM UNKN | 33 |
| 01103 | TB LUNG INFILTR-MICRO DX | 33 |
| 01104 | TB LUNG INFILTR-CULT DX | 33 |
| 01105 | TB LUNG INFILTR-HISTO DX | 33 |
| 01106 | TB LUNG INFILTR-OTH TEST | 33 |
| 01110 | TB LUNG NODULAR-UNSPEC | 33 |
| 01111 | TB LUNG NODULAR-NO EXAM | 33 |
| 01112 | TB LUNG NODUL-EXAM UNKN | 33 |
| 01113 | TB LUNG NODULAR-MICRO DX | 33 |
| 01114 | TB LUNG NODULAR-CULT DX | 33 |
| 01115 | TB LUNG NODULAR-HISTO DX | 33 |
| 01116 | TB LUNG NODULAR-OTH TEST | 33 |
| 01120 | TB LUNG W CAVITY-UNSPEC | 33 |
| 01121 | TB LUNG W CAVITY-NO EXAM | 33 |
| 01122 | TB LUNG CAVITY-EXAM UNKN | 33 |
| 01123 | TB LUNG W CAVIT-MICRO DX | 33 |
| 01124 | TB LUNG W CAVITY-CULT DX | 33 |
| 01125 | TB LUNG W CAVIT-HISTO DX | 33 |
| 01126 | TB LUNG W CAVIT-OTH TEST | 33 |
| 01130 | TB OF BRONCHUS-UNSPEC | 33 |
| 01131 | TB OF BRONCHUS-NO EXAM | 33 |
| 01132 | TB OF BRONCHUS-EXAM UNKN | 33 |
| 01133 | TB OF BRONCHUS-MICRO DX | 33 |
| 01134 | TB OF BRONCHUS-CULT DX | 33 |
| 01135 | TB OF BRONCHUS-HISTO DX | 33 |
| 01136 | TB OF BRONCHUS-OTH TEST | 33 |
| 01140 | TB LUNG FIBROSIS-UNSPEC | 33 |
| 01141 | TB LUNG FIBROSIS-NO EXAM | 33 |
| 01142 | TB LUNG FIBROS-EXAM UNKN | 33 |
| 01143 | TB LUNG FIBROS-MICRO DX | 33 |
| 01144 | TB LUNG FIBROSIS-CULT DX | 33 |
| 01145 | TB LUNG FIBROS-HISTO DX | 33 |
| 01146 | TB LUNG FIBROS-OTH TEST | 33 |
| 01150 | TB BRONCHIECTASIS-UNSPEC | 33 |
| 01151 | TB BRONCHIECT-NO EXAM | 33 |
| 01152 | TB BRONCHIECT-EXAM UNKN | 33 |
| 01153 | TB BRONCHIECT-MICRO DX | 33 |
| 01154 | TB BRONCHIECT-CULT DX | 33 |
| 01155 | TB BRONCHIECT-HISTO DX | 33 |
| 01156 | TB BRONCHIECT-OTH TEST | 33 |
| 01160 | TB PNEUMONIA-UNSPEC | 33 |
| 01161 | TB PNEUMONIA-NO EXAM | 33 |
| 01162 | TB PNEUMONIA-EXAM UNKN | 33 |
| 01163 | TB PNEUMONIA-MICRO DX | 33 |
| 01164 | TB PNEUMONIA-CULT DX | 33 |
| 01165 | TB PNEUMONIA-HISTO DX | 33 |
| 01166 | TB PNEUMONIA-OTH TEST | 33 |

*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

| ICD-9 | ICD-9 Description | MDC |
|-------|---------------------------------|-----|
| 01170 | TB PNEUMOTHORAX-UNSPEC | 33 |
| 01171 | TB PNEUMOTHORAX-NO EXAM | 33 |
| 01172 | TB PNEUMOTHORAX-EXAM UNKN | 33 |
| 01173 | TB PNEUMOTHORAX-MICRO DX | 33 |
| 01174 | TB PNEUMOTHORAX-CULT DX | 33 |
| 01175 | TB PNEUMOTHORAX-HISTO DX | 33 |
| 01176 | TB PNEUMOTHORAX-OTH TEST | 33 |
| 01180 | PULMONARY TB NEC-UNSPEC | 33 |
| 01181 | PULMONARY TB NEC-NO EXAM | 33 |
| 01182 | PULMON TB NEC-EXAM UNKN | 33 |
| 01183 | PULMON TB NEC-MICRO DX | 33 |
| 01184 | PULMON TB NEC-CULT DX | 33 |
| 01185 | PULMON TB NEC-HISTO DX | 33 |
| 01186 | PULMON TB NEC-OTH TEST | 33 |
| 01190 | PULMONARY TB NOS-UNSPEC | 33 |
| 01191 | PULMONARY TB NOS-NO EXAM | 33 |
| 01192 | PULMON TB NOS-EXAM UNKN | 33 |
| 01193 | PULMON TB NOS-MICRO DX | 33 |
| 01194 | PULMON TB NOS-CULT DX | 33 |
| 01195 | PULMON TB NOS-HISTO DX | 33 |
| 01196 | PULMON TB NOS-OTH TEST | 33 |
| 01200 | TB PLEURISY-UNSPEC | 33 |
| 01201 | TB PLEURISY-NO EXAM | 33 |
| 01202 | TB PLEURISY-EXAM UNKN | 33 |
| 01203 | TB PLEURISY-MICRO DX | 33 |
| 01204 | TB PLEURISY-CULT DX | 33 |
| 01205 | TB PLEURISY-HISTOLOG DX | 33 |
| 01206 | TB PLEURISY-OTH TEST | 33 |
| 01210 | TB THORACIC NODES-UNSPEC | 33 |
| 01211 | TB THORAX NODE-NO EXAM | 33 |
| 01212 | TB THORAX NODE-EXAM UNKN | 33 |
| 01213 | TB THORAX NODE-MICRO DX | 33 |
| 01214 | TB THORAX NODE-CULT DX | 33 |
| 01215 | TB THORAX NODE-HISTO DX | 33 |
| 01216 | TB THORAX NODE-OTH TEST | 33 |
| 01220 | ISOL TRACHEAL TB-UNSPEC | 31 |
| 01221 | ISOL TRACHEAL TB-NO EXAM | 31 |
| 01222 | ISOL TRACH TB-EXAM UNKN | 31 |
| 01223 | ISOLAT TRACH TB-MICRO DX | 31 |
| 01224 | ISOL TRACHEAL TB-CULT DX | 31 |
| 01225 | ISOLAT TRACH TB-HISTO DX | 31 |
| 01226 | ISOLAT TRACH TB-OTH TEST | 31 |
| 01230 | TB LARYNGITIS-UNSPEC | 31 |
| 01231 | TB LARYNGITIS-NO EXAM | 31 |
| 01232 | TB LARYNGITIS-EXAM UNKN | 31 |
| 01233 | TB LARYNGITIS-MICRO DX | 31 |
| 01234 | TB LARYNGITIS-CULT DX | 31 |
| 01235 | TB LARYNGITIS-HISTO DX | 31 |
| 01236 | TB LARYNGITIS-OTH TEST | 31 |
| 01280 | RESP TB NEC-UNSPEC | 33 |
| 01281 | RESP TB NEC-NO EXAM | 33 |
| 01282 | RESP TB NEC-EXAM UNKN | 33 |
| 01283 | RESP TB NEC-MICRO DX | 33 |
| 01284 | RESP TB NEC-CULT DX | 33 |
| 01285 | RESP TB NEC-HISTO DX | 33 |
| 01286 | RESP TB NEC-OTH TEST | 33 |
| 01300 | TB MENINGITIS-UNSPEC | 63 |
| 01301 | TB MENINGITIS-NO EXAM | 63 |
| 01302 | TB MENINGITIS-EXAM UNKN | 63 |
| 01303 | TB MENINGITIS-MICRO DX | 63 |
| 01304 | TB MENINGITIS-CULT DX | 63 |
| 01305 | TB MENINGITIS-HISTO DX | 63 |
| 01306 | TB MENINGITIS-OTH TEST | 63 |
| 01310 | TUBRCLMA MENINGES-UNSPEC | 63 |
| 01311 | TUBRCLMA MENING-NO EXAM | 63 |
| 01312 | TUBRCLMA MENING-EXAM UNKN | 63 |
| 01313 | TUBRCLMA MENING-MICRO DX | 63 |
| 01314 | TUBRCLMA MENING-CULT DX | 63 |
| 01315 | TUBRCLMA MENING-HISTO DX | 63 |
| 01316 | TUBRCLMA MENING-OTH TEST | 63 |
| 01320 | TUBERCULOMA BRAIN-UNSPEC | 63 |
| 01321 | TUBRCLOMA BRAIN-NO EXAM | 63 |
| 01322 | TUBRCLMA BRAIN-EXAM UNKN | 63 |
| 01323 | TUBRCLOMA BRAIN-MICRO DX | 63 |
| 01324 | TUBRCLOMA BRAIN-CULT DX | 63 |
| 01325 | TUBRCLOMA BRAIN-HISTO DX | 63 |

*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

| ICD-9 | ICD-9 Description | MDC |
|-------|--------------------------------|-----|
| 01326 | TUBRCLOMA BRAIN-OTH TEST | 63 |
| 01330 | TB BRAIN ABSCESS-UNSPEC | 63 |
| 01331 | TB BRAIN ABSCESS-NO EXAM | 63 |
| 01332 | TB BRAIN ABSC-EXAM UNKN | 63 |
| 01333 | TB BRAIN ABSC-MICRO DX | 63 |
| 01334 | TB BRAIN ABSCESS-CULT DX | 63 |
| 01335 | TB BRAIN ABSC-HISTO DX | 63 |
| 01336 | TB BRAIN ABSC-OTH TEST | 63 |
| 01340 | TUBRCLMA SP CORD-UNSPEC | 63 |
| 01341 | TUBRCLMA SP CORD-NO EXAM | 63 |
| 01342 | TUBRCLMA SP CD-EXAM UNKN | 63 |
| 01343 | TUBRCLMA SP CRD-MICRO DX | 63 |
| 01344 | TUBRCLMA SP CORD-CULT DX | 63 |
| 01345 | TUBRCLMA SP CRD-HISTO DX | 63 |
| 01346 | TUBRCLMA SP CRD-OTH TEST | 63 |
| 01350 | TB SP CRD ABSCESS-UNSPEC | 63 |
| 01351 | TB SP CRD ABSC-NO EXAM | 63 |
| 01352 | TB SP CRD ABSC-EXAM UNKN | 63 |
| 01353 | TB SP CRD ABSC-MICRO DX | 63 |
| 01354 | TB SP CRD ABSC-CULT DX | 63 |
| 01355 | TB SP CRD ABSC-HISTO DX | 63 |
| 01356 | TB SP CRD ABSC-OTH TEST | 63 |
| 01360 | TB ENCEPHALITIS-UNSPEC | 63 |
| 01361 | TB ENCEPHALITIS-NO EXAM | 63 |
| 01362 | TB ENCEPHALIT-EXAM UNKN | 63 |
| 01363 | TB ENCEPHALITIS-MICRO DX | 63 |
| 01364 | TB ENCEPHALITIS-CULT DX | 63 |
| 01365 | TB ENCEPHALITIS-HISTO DX | 63 |
| 01366 | TB ENCEPHALITIS-OTH TEST | 63 |
| 01380 | CNS TB NEC-UNSPEC | 63 |
| 01381 | CNS TB NEC-NO EXAM | 63 |
| 01382 | CNS TB NEC-EXAM UNKN | 63 |
| 01383 | CNS TB NEC-MICRO DX | 63 |
| 01384 | CNS TB NEC-CULT DX | 63 |
| 01385 | CNS TB NEC-HISTO DX | 63 |
| 01386 | CNS TB NEC-OTH TEST | 63 |
| 01390 | CNS TB NOS-UNSPEC | 63 |
| 01391 | CNS TB NOS-NO EXAM | 63 |
| 01392 | CNS TB NOS-EXAM UNKN | 63 |
| 01393 | CNS TB NOS-MICRO DX | 63 |
| 01394 | CNS TB NOS-CULT DX | 63 |
| 01395 | CNS TB NOS-HISTO DX | 63 |
| 01396 | CNS TB NOS-OTH TEST | 63 |
| 01400 | TB PERITONITIS-UNSPEC | 41 |
| 01401 | TB PERITONITIS-NO EXAM | 41 |
| 01402 | TB PERITONITIS-EXAM UNKN | 41 |
| 01403 | TB PERITONITIS-MICRO DX | 41 |
| 01404 | TB PERITONITIS-CULT DX | 41 |
| 01405 | TB PERITONITIS-HISTO DX | 41 |
| 01406 | TB PERITONITIS-OTH TEST | 41 |
| 01480 | INTESTINAL TB NEC-UNSPEC | 41 |
| 01481 | INTESTIN TB NEC-NO EXAM | 41 |
| 01482 | INTEST TB NEC-EXAM UNKN | 41 |
| 01483 | INTESTIN TB NEC-MICRO DX | 41 |
| 01484 | INTESTIN TB NEC-CULT DX | 41 |
| 01485 | INTESTIN TB NEC-HISTO DX | 41 |
| 01486 | INTESTIN TB NEC-OTH TEST | 41 |
| 01500 | TB OF VERTEBRA-UNSPEC | 24 |
| 01501 | TB OF VERTEBRA-NO EXAM | 24 |
| 01502 | TB OF VERTEBRA-EXAM UNKN | 24 |
| 01503 | TB OF VERTEBRA-MICRO DX | 24 |
| 01504 | TB OF VERTEBRA-CULT DX | 24 |
| 01505 | TB OF VERTEBRA-HISTO DX | 24 |
| 01506 | TB OF VERTEBRA-OTH TEST | 24 |
| 01510 | TB OF HIP-UNSPEC | 24 |
| 01511 | TB OF HIP-NO EXAM | 24 |
| 01512 | TB OF HIP-EXAM UNKN | 24 |
| 01513 | TB OF HIP-MICRO DX | 24 |
| 01514 | TB OF HIP-CULT DX | 24 |
| 01515 | TB OF HIP-HISTO DX | 24 |
| 01516 | TB OF HIP-OTH TEST | 24 |
| 01520 | TB OF KNEE-UNSPEC | 24 |
| 01521 | TB OF KNEE-NO EXAM | 24 |
| 01522 | TB OF KNEE-EXAM UNKN | 24 |
| 01523 | TB OF KNEE-MICRO DX | 24 |
| 01524 | TB OF KNEE-CULT DX | 24 |

*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

| ICD-9 | ICD-9 Description | MDC |
|-------|--------------------------------|-----|
| 01525 | TB OF KNEE-HISTO DX | 24 |
| 01526 | TB OF KNEE-OTH TEST | 24 |
| 01550 | TB OF LIMB BONES-UNSPEC | 24 |
| 01551 | TB LIMB BONES-NO EXAM | 24 |
| 01552 | TB LIMB BONES-EXAM UNKN | 24 |
| 01553 | TB LIMB BONES-MICRO DX | 24 |
| 01554 | TB LIMB BONES-CULT DX | 24 |
| 01555 | TB LIMB BONES-HISTO DX | 24 |
| 01556 | TB LIMB BONES-OTH TEST | 24 |
| 01560 | TB OF MASTOID-UNSPEC | 31 |
| 01561 | TB OF MASTOID-NO EXAM | 31 |
| 01562 | TB OF MASTOID-EXAM UNKN | 31 |
| 01563 | TB OF MASTOID-MICRO DX | 31 |
| 01564 | TB OF MASTOID-CULT DX | 31 |
| 01565 | TB OF MASTOID-HISTO DX | 31 |
| 01566 | TB OF MASTOID-OTH TEST | 31 |
| 01570 | TB OF BONE NEC-UNSPEC | 24 |
| 01571 | TB OF BONE NEC-NO EXAM | 24 |
| 01572 | TB OF BONE NEC-EXAM UNKN | 24 |
| 01573 | TB OF BONE NEC-MICRO DX | 24 |
| 01574 | TB OF BONE NEC-CULT DX | 24 |
| 01575 | TB OF BONE NEC-HISTO DX | 24 |
| 01576 | TB OF BONE NEC-OTH TEST | 24 |
| 01580 | TB OF JOINT NEC-UNSPEC | 24 |
| 01581 | TB OF JOINT NEC-NO EXAM | 24 |
| 01582 | TB JOINT NEC-EXAM UNKN | 24 |
| 01583 | TB OF JOINT NEC-MICRO DX | 24 |
| 01584 | TB OF JOINT NEC-CULT DX | 24 |
| 01585 | TB OF JOINT NEC-HISTO DX | 24 |
| 01586 | TB OF JOINT NEC-OTH TEST | 24 |
| 01590 | TB BONE/JOINT NOS-UNSPEC | 24 |
| 01591 | TB BONE/JT NOS-NO EXAM | 24 |
| 01592 | TB BONE/JT NOS-EXAM UNKN | 24 |
| 01593 | TB BONE/JT NOS-MICRO DX | 24 |
| 01594 | TB BONE/JT NOS-CULT DX | 24 |
| 01595 | TB BONE/JT NOS-HISTO DX | 24 |
| 01596 | TB BONE/JT NOS-OTH TEST | 24 |
| 01600 | TB OF KIDNEY-UNSPEC | 53 |
| 01601 | TB OF KIDNEY-NO EXAM | 53 |
| 01602 | TB OF KIDNEY-EXAM UNKN | 53 |
| 01603 | TB OF KIDNEY-MICRO DX | 53 |
| 01604 | TB OF KIDNEY-CULT DX | 53 |
| 01605 | TB OF KIDNEY-HISTO DX | 53 |
| 01606 | TB OF KIDNEY-OTH TEST | 53 |
| 01610 | TB OF BLADDER-UNSPEC | 53 |
| 01611 | TB OF BLADDER-NO EXAM | 53 |
| 01612 | TB OF BLADDER-EXAM UNKN | 53 |
| 01613 | TB OF BLADDER-MICRO DX | 53 |
| 01614 | TB OF BLADDER-CULT DX | 53 |
| 01615 | TB OF BLADDER-HISTO DX | 53 |
| 01616 | TB OF BLADDER-OTH TEST | 53 |
| 01620 | TB OF URETER-UNSPEC | 53 |
| 01621 | TB OF URETER-NO EXAM | 53 |
| 01622 | TB OF URETER-EXAM UNKN | 53 |
| 01623 | TB OF URETER-MICRO DX | 53 |
| 01624 | TB OF URETER-CULT DX | 53 |
| 01625 | TB OF URETER-HISTO DX | 53 |
| 01626 | TB OF URETER-OTH TEST | 53 |
| 01630 | TB URINARY NEC-UNSPEC | 53 |
| 01631 | TB URINARY NEC-NO EXAM | 53 |
| 01632 | TB URINARY NEC-EXAM UNKN | 53 |
| 01633 | TB URINARY NEC-MICRO DX | 53 |
| 01634 | TB URINARY NEC-CULT DX | 53 |
| 01635 | TB URINARY NEC-HISTO DX | 53 |
| 01636 | TB URINARY NEC-OTH TEST | 53 |
| 01640 | TB EPIDIDYMIS-UNSPEC | 53 |
| 01641 | TB EPIDIDYMIS-NO EXAM | 53 |
| 01642 | TB EPIDIDYMIS-EXAM UNKN | 53 |
| 01643 | TB EPIDIDYMIS-MICRO DX | 53 |
| 01644 | TB EPIDIDYMIS-CULT DX | 53 |
| 01645 | TB EPIDIDYMIS-HISTO DX | 53 |
| 01646 | TB EPIDIDYMIS-OTH TEST | 53 |
| 01650 | TB MALE GENIT NEC-UNSPEC | 53 |
| 01651 | TB MALE GEN NEC-NO EXAM | 53 |
| 01652 | TB MALE GEN NEC-EX UNKN | 53 |
| 01653 | TB MALE GEN NEC-MICRO DX | 53 |

*ICD-9 Codes preceded by an asterisk are codes that are not valid as a reason for the visit.

ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

| ICD-9 | ICD-9 Description | MDC |
|-------|--------------------------------|-----|
| 01654 | TB MALE GEN NEC-CULT DX | 53 |
| 01655 | TB MALE GEN NEC-HISTO DX | 53 |
| 01656 | TB MALE GEN NEC-OTH TEST | 53 |
| 01660 | TB OVARY & TUBE-UNSPEC | 56 |
| 01661 | TB OVARY & TUBE-NO EXAM | 56 |
| 01662 | TB OVARY/TUBE-EXAM UNKN | 56 |
| 01663 | TB OVARY & TUBE-MICRO DX | 56 |
| 01664 | TB OVARY & TUBE-CULT DX | 56 |
| 01665 | TB OVARY & TUBE-HISTO DX | 56 |
| 01666 | TB OVARY & TUBE-OTH TEST | 56 |
| 01670 | TB FEMALE GEN NEC-UNSPEC | 56 |
| 01671 | TB FEM GEN NEC-NO EXAM | 56 |
| 01672 | TB FEM GEN NEC-EXAM UNKN | 56 |
| 01673 | TB FEM GEN NEC-MICRO DX | 56 |
| 01674 | TB FEM GEN NEC-CULT DX | 56 |
| 01675 | TB FEM GEN NEC-HISTO DX | 56 |
| 01676 | TB FEM GEN NEC-OTH TEST | 56 |
| 01690 | GU TB NOS-UNSPEC | 53 |
| 01691 | GU TB NOS-NO EXAM | 53 |
| 01692 | GU TB NOS-EXAM UNKN | 53 |
| 01693 | GU TB NOS-MICRO DX | 53 |
| 01694 | GU TB NOS-CULT DX | 53 |
| 01695 | GU TB NOS-HISTO DX | 53 |
| 01696 | GU TB NOS-OTH TEST | 53 |
| 01700 | TB SKIN/SUBCUTAN-UNSPEC | 18 |
| 01701 | TB SKIN/SUBCUT-NO EXAM | 18 |
| 01702 | TB SKIN/SUBCUT-EXAM UNKN | 18 |
| 01703 | TB SKIN/SUBCUT-MICRO DX | 18 |
| 01704 | TB SKIN/SUBCUT-CULT DX | 18 |
| 01705 | TB SKIN/SUBCUT-HISTO DX | 18 |
| 01706 | TB SKIN/SUBCUT-OTH TEST | 18 |
| 01710 | ERYTHEMA NODOS TB-UNSPEC | 18 |
| 01711 | ERYTHEM NODOS TB-NO EXAM | 18 |
| 01712 | ERYTHEM NOD TB-EXAM UNKN | 18 |
| 01713 | ERYTHEM NOD TB-MICRO DX | 18 |
| 01714 | ERYTHEM NODOS TB-CULT DX | 18 |
| 01715 | ERYTHEM NOD TB-HISTO DX | 18 |
| 01716 | ERYTHEM NOD TB-OTH TEST | 18 |
| 01720 | TB PERIPH LYMPH-UNSPEC | 86 |
| 01721 | TB PERIPH LYMPH-NO EXAM | 86 |
| 01722 | TB PERIPH LYMPH-EXAM UNK | 86 |
| 01723 | TB PERIPH LYMPH-MICRO DX | 86 |
| 01724 | TB PERIPH LYMPH-CULT DX | 86 |
| 01725 | TB PERIPH LYMPH-HISTO DX | 86 |
| 01726 | TB PERIPH LYMPH-OTH TEST | 86 |
| 01730 | TB OF EYE-UNSPEC | 68 |
| 01731 | TB OF EYE-NO EXAM | 68 |
| 01732 | TB OF EYE-EXAM UNKN | 68 |
| 01733 | TB OF EYE-MICRO DX | 68 |
| 01734 | TB OF EYE-CULT DX | 68 |
| 01735 | TB OF EYE-HISTO DX | 68 |
| 01736 | TB OF EYE-OTH TEST | 68 |
| 01740 | TB OF EAR-UNSPEC | 31 |
| 01741 | TB OF EAR-NO EXAM | 31 |
| 01742 | TB OF EAR-EXAM UNKN | 31 |
| 01743 | TB OF EAR-MICRO DX | 31 |
| 01744 | TB OF EAR-CULT DX | 31 |
| 01745 | TB OF EAR-HISTO DX | 31 |
| 01746 | TB OF EAR-OTH TEST | 31 |
| 01750 | TB OF THYROID-UNSPEC | 82 |
| 01751 | TB OF THYROID-NO EXAM | 82 |
| 01752 | TB OF THYROID-EXAM UNKN | 82 |
| 01753 | TB OF THYROID-MICRO DX | 82 |
| 01754 | TB OF THYROID-CULT DX | 82 |
| 01755 | TB OF THYROID-HISTO DX | 82 |
| 01756 | TB OF THYROID-OTH TEST | 82 |
| 01760 | TB OF ADRENAL-UNSPEC | 82 |
| 01761 | TB OF ADRENAL-NO EXAM | 82 |
| 01762 | TB OF ADRENAL-EXAM UNKN | 82 |
| 01763 | TB OF ADRENAL-MICRO DX | 82 |
| 01764 | TB OF ADRENAL-CULT DX | 82 |
| 01765 | TB OF ADRENAL-HISTO DX | 82 |
| 01766 | TB OF ADRENAL-OTH TEST | 82 |
| 01770 | TB OF SPLEEN-UNSPEC | 86 |
| 01771 | TB OF SPLEEN-NO EXAM | 86 |
| 01772 | TB OF SPLEEN-EXAM UNKN | 86 |

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

| ICD-9 | ICD-9 Description | MDC |
|-------|--------------------------------|-----|
| 01773 | TB OF SPLEEN-MICRO DX | 86 |
| 01774 | TB OF SPLEEN-CULT DX | 86 |
| 01775 | TB OF SPLEEN-HISTO DX | 86 |
| 01776 | TB OF SPLEEN-OTH TEST | 86 |
| 01780 | TB ESOPHAGUS-UNSPEC | 41 |
| 01781 | TB ESOPHAGUS-NO EXAM | 41 |
| 01782 | TB ESOPHAGUS-EXAM UNKN | 41 |
| 01783 | TB ESOPHAGUS-MICRO DX | 41 |
| 01784 | TB ESOPHAGUS-CULT DX | 41 |
| 01785 | TB ESOPHAGUS-HISTO DX | 41 |
| 01786 | TB ESOPHAGUS-OTH TEST | 41 |
| 01790 | TB OF ORGAN NEC-UNSPEC | 97 |
| 01791 | TB OF ORGAN NEC-NO EXAM | 97 |
| 01792 | TB ORGAN NEC-EXAM UNKN | 97 |
| 01793 | TB OF ORGAN NEC-MICRO DX | 97 |
| 01794 | TB OF ORGAN NEC-CULT DX | 97 |
| 01795 | TB OF ORGAN NEC-HISTO DX | 97 |
| 01796 | TB OF ORGAN NEC-OTH TEST | 97 |
| 01800 | ACUTE MILIARY TB-UNSPEC | 97 |
| 01801 | ACUTE MILIARY TB-NO EXAM | 97 |
| 01802 | AC MILIARY TB-EXAM UNKN | 97 |
| 01803 | AC MILIARY TB-MICRO DX | 97 |
| 01804 | ACUTE MILIARY TB-CULT DX | 97 |
| 01805 | AC MILIARY TB-HISTO DX | 97 |
| 01806 | AC MILIARY TB-OTH TEST | 97 |
| 01880 | MILIARY TB NEC-UNSPEC | 97 |
| 01881 | MILIARY TB NEC-NO EXAM | 97 |
| 01882 | MILIARY TB NEC-EXAM UNKN | 97 |
| 01883 | MILIARY TB NEC-MICRO DX | 97 |
| 01884 | MILIARY TB NEC-CULT DX | 97 |
| 01885 | MILIARY TB NEC-HISTO DX | 97 |
| 01886 | MILIARY TB NEC-OTH TEST | 97 |
| 01890 | MILIARY TB NOS-UNSPEC | 97 |
| 01891 | MILIARY TB NOS-NO EXAM | 97 |
| 01892 | MILIARY TB NOS-EXAM UNKN | 97 |
| 01893 | MILIARY TB NOS-MICRO DX | 97 |
| 01894 | MILIARY TB NOS-CULT DX | 97 |
| 01895 | MILIARY TB NOS-HISTO DX | 97 |
| 01896 | MILIARY TB NOS-OTH TEST | 97 |
| 0200 | BUBONIC PLAGUE | 97 |
| 0201 | CELLULOCUTANEOUS PLAGUE | 97 |
| 0202 | SEPTICEMIC PLAGUE | 97 |
| 0203 | PRIMARY PNEUMONIC PLAGUE | 33 |
| 0204 | SECONDARY PNEUMON PLAGUE | 33 |
| 0205 | PNEUMONIC PLAGUE NOS | 33 |
| 0208 | OTHER TYPES OF PLAGUE | 97 |
| 0209 | PLAGUE NOS | 97 |
| 0210 | ULCEROGLANDUL TULAREMIA | 97 |
| 0211 | ENTERIC TULAREMIA | 41 |
| 0212 | PULMONARY TULAREMIA | 33 |
| 0213 | OCULOGLANDULAR TULAREMIA | 97 |
| 0218 | TULAREMIA NEC | 97 |
| 0219 | TULAREMIA NOS | 97 |
| 0220 | CUTANEOUS ANTHRAX | 18 |
| 0221 | PULMONARY ANTHRAX | 33 |
| 0222 | GASTROINTESTINAL ANTHRAX | 41 |
| 0223 | ANTHRAX SEPTICEMIA | 97 |
| 0228 | OTHER ANTHRAX MANIFEST | 97 |
| 0229 | ANTHRAX NOS | 97 |
| 0230 | BRUCELLA MELITENSIS | 97 |
| 0231 | BRUCELLA ABORTUS | 97 |
| 0232 | BRUCELLA SUIIS | 97 |
| 0233 | BRUCELLA CANIS | 97 |
| 0238 | BRUCELLOSIS NEC | 97 |
| 0239 | BRUCELLOSIS NOS | 97 |
| 024 | GLANDERS | 97 |
| 025 | MELIOIDOSIS | 97 |
| 0260 | SPIRILLARY FEVER | 97 |
| 0261 | STREPTOBACILLARY FEVER | 97 |
| 0269 | RAT-BITE FEVER NOS | 97 |
| 0270 | LISTERIOSIS | 97 |
| 0271 | ERYSIPELOTHRIX INFECTION | 97 |
| 0272 | PASTEURRELLOSIS | 97 |
| 0278 | ZOONOTIC BACT DIS NEC | 97 |
| 0279 | ZOONOTIC BACT DIS NOS | 97 |
| 0300 | LEPROMATOUS LEPROSY | 97 |

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

| ICD-9 | ICD-9 Description | MDC |
|-------|--------------------------------|-----|
| 0301 | TUBERCULOID LEPROSY | 97 |
| 0302 | INDETERMINATE LEPROSY | 97 |
| 0303 | BORDERLINE LEPROSY | 97 |
| 0308 | LEPROSY NEC | 97 |
| 0309 | LEPROSY NOS | 97 |
| 0310 | PULMONARY MYCOBACTERIA | 33 |
| 0311 | CUTANEOUS MYCOBACTERIA | 18 |
| 0318 | MYCOBACTERIAL DIS NEC | 97 |
| 0319 | MYCOBACTERIAL DIS NOS | 97 |
| 0320 | FAUCIAL DIPHThERIA | 31 |
| 0321 | NASOPHARYNX DIPHThERIA | 31 |
| 0322 | ANT NASAL DIPHThERIA | 31 |
| 0323 | LARYNGEAL DIPHThERIA | 31 |
| 03281 | CONJUNCTIVAL DIPHThERIA | 68 |
| 03282 | DIPHThERITIC MYOCARDITIS | 36 |
| 03283 | DIPHThERITIC PERITONITIS | 41 |
| 03284 | DIPHThERITIC CYSTITIS | 53 |
| 03285 | CUTANEOUS DIPHThERIA | 18 |
| 03289 | DIPHThERIA NEC | 97 |
| 0329 | DIPHThERIA NOS | 97 |
| 0330 | BORDETELLA PERTUSSIS | 33 |
| 0331 | BORDETELLA PARAPERTUSSIS | 33 |
| 0338 | WHOOPING COUGH NEC | 33 |
| 0339 | WHOOPING COUGH NOS | 33 |
| 0340 | STREP SORE THROAT | 31 |
| 0341 | SCARLET FEVER | 97 |
| 035 | ERYSIPELAS | 18 |
| 0360 | MENINGOCOCCAL MENINGITIS | 63 |
| 0361 | MENINGOCOCC ENCEPHALITIS | 63 |
| 0362 | MENINGOCOCC EMIA | 97 |
| 0363 | MENINGOCOCC ADRENAL SYND | 97 |
| 03640 | MENINGOCOCC CARDITIS NOS | 36 |
| 03641 | MENINGOCOCC PERICARDITIS | 36 |
| 03642 | MENINGOCOCC ENDOCARDITIS | 36 |
| 03643 | MENINGOCOCC MYOCARDITIS | 36 |
| 03681 | MENINGOCOCC OPTIC NEURIT | 68 |
| 03682 | MENINGOCOCC ARTHROPATHY | 24 |
| 03689 | MENINGOCOCCAL INFECT NEC | 97 |
| 0369 | MENINGOCOCCAL INFECT NOS | 97 |
| 037 | TETANUS | 97 |
| 0380 | STREPTOCOCCAL SEPTICEMIA | 97 |
| 0382 | PNEUMOCOCCAL SEPTICEMIA | 97 |
| 0383 | ANAEROBIC SEPTICEMIA | 97 |
| 03840 | GRAM-NEG SEPTICEMIA NOS | 97 |
| 03841 | H. INFLUENAE SEPTICEMIA | 97 |
| 03842 | E COLI SEPTICEMIA | 97 |
| 03843 | PSEUDOMONAS SEPTICEMIA | 97 |
| 03844 | SERRATIA SEPTICEMIA | 97 |
| 03849 | GRAM-NEG SEPTICEMIA NEC | 97 |
| 0388 | SEPTICEMIA NEC | 97 |
| 0389 | SEPTICEMIA NOS | 97 |
| 0390 | CUTANEOUS ACTINOMYCOSIS | 18 |
| 0391 | PULMONARY ACTINOMYCOSIS | 33 |
| 0392 | ABDOMINAL ACTINOMYCOSIS | 41 |
| 0393 | CERVICOFAC ACTINOMYCOSIS | 18 |
| 0394 | MADURA FOOT | 18 |
| 0398 | ACTINOMYCOSIS NEC | 97 |
| 0399 | ACTINOMYCOSIS NOS | 97 |
| 0400 | GAS GANGRENE | 97 |
| 0401 | RHINOSCLEROMA | 97 |
| 0402 | WHIPPLE'S DISEASE | 41 |
| 0403 | NECROBACILLOSIS | 97 |
| 04081 | TROPICAL PYOMYOSITIS | 24 |
| 04089 | BACTERIAL DISEASES NEC | 97 |
| 04100 | STREPTOCOCCUS UNSPECF | 97 |
| 04101 | STREPTOCOCCUS GROUP A | 97 |
| 04102 | STREPTOCOCCUS GROUP B | 97 |
| 04103 | STREPTOCOCCUS GROUP C | 97 |
| 04104 | STREPTOCOCCUS GROUP D | 97 |
| 04105 | STREPTOCOCCUS GROUP G | 97 |
| 04109 | OTHER STREPTOCOCCUS | 97 |
| 04110 | STAPHYLOCOCCUS UNSPCFIED | 97 |
| 04111 | STAPHYLOCOCCUS AUREUS | 97 |
| 04119 | OTHER STAPHYLOCOCCUS | 97 |
| 0412 | PNEUMOCOCCUS INFECT NOS | 97 |
| 0413 | KLEBSIELLA INFECT NOS | 97 |

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

| ICD-9 | ICD-9 Description | MDC |
|-------|---------------------------------|-----|
| 0414 | E. COLI INFECT NOS | 97 |
| 0415 | H. INFLUENZAE INFECT NOS | 97 |
| 0416 | PROTEUS INFECTION NOS | 97 |
| 0417 | PSEUDOMONAS INFECT NOS | 97 |
| 04181 | MYCOPLASMA | 97 |
| 04182 | BACILLUS FRAGILIS | 97 |
| 04183 | CLOSTRIDIUM PERFRINGENS | 97 |
| 04184 | OTHER ANAEROBES | 97 |
| 04185 | OTH GRAM NEGATV BACTERIA | 97 |
| 04186 | HELICOBACTER PYLORI | 41 |
| 04189 | OTH SPECF BACTERIA | 97 |
| 0419 | BACTERIAL INFECTION NOS | 97 |
| 042 | HUMAN IMMUNO VIRUS DIS | 86 |
| 04500 | AC BULBAR POLIO-TYPE NOS | 63 |
| 04501 | AC BULBAR POLIO-TYPE 1 | 63 |
| 04502 | AC BULBAR POLIO-TYPE 2 | 63 |
| 04503 | AC BULBAR POLIO-TYPE 3 | 63 |
| 04510 | PARAL POLIO NEC-TYPE NOS | 63 |
| 04511 | PARAL POLIO NEC-TYPE 1 | 63 |
| 04512 | PARAL POLIO NEC-TYPE 2 | 63 |
| 04513 | PARAL POLIO NEC-TYPE 3 | 63 |
| 04520 | NONPARALY POLIO-TYPE NOS | 63 |
| 04521 | NONPARALYT POLIO-TYPE 1 | 63 |
| 04522 | NONPARALYT POLIO-TYPE 2 | 63 |
| 04523 | NONPARALYT POLIO-TYPE 3 | 63 |
| 04590 | AC POLIO NOS-TYPE NOS | 63 |
| 04591 | AC POLIO NOS-TYPE 1 | 63 |
| 04592 | AC POLIO NOS-TYPE 2 | 63 |
| 04593 | AC POLIO NOS-TYPE 3 | 63 |
| 0460 | KURU | 63 |
| 0461 | JAKOB-CREUTZFELDT DIS | 63 |
| 0462 | SUBAC SCLEROS PANENCEPH | 63 |
| 0463 | PROG MULTIFOC LEUKOENCEPH | 63 |
| 0468 | CNS SLOW VIRUS INFEC NEC | 63 |
| 0469 | CNS SLOW VIRUS INFEC NOS | 63 |
| 0470 | COXSACKIE VIRUS MENING | 63 |
| 0471 | ECHO VIRUS MENINGITIS | 63 |
| 0478 | VIRAL MENINGITIS NEC | 63 |
| 0479 | VIRAL MENINGITIS NOS | 63 |
| 048 | OTH ENTEROVIRAL CNS DIS | 97 |
| 0490 | LYMPHOCYTIC CHORIOMENING | 63 |
| 0491 | ADENOVIRAL MENINGITIS | 63 |
| 0498 | VIRAL ENCEPHALITIS NEC | 63 |
| 0499 | VIRAL ENCEPHALITIS NOS | 63 |
| 0500 | VARIOLA MAJOR | 97 |
| 0501 | ALASTRIM | 97 |
| 0502 | MODIFIED SMALLPOX | 97 |
| 0509 | SMALLPOX NOS | 97 |
| 0510 | COWPOX | 97 |
| 0511 | PSEUDOCOWPOX | 18 |
| 0512 | CONTAGIOUS PUSTULAR DERM | 18 |
| 0519 | PARAVACCINIA NOS | 97 |
| 0520 | POSTVARICELLA ENCEPHALIT | 63 |
| 0521 | VARICELLA PNEUMONITIS | 33 |
| 0527 | VARICELLA COMPLICAT NEC | 97 |
| 0528 | VARICELLA COMPLICAT NOS | 97 |
| 0529 | VARICELLA UNCOMPLICATED | 97 |
| 0530 | HERPES ZOSTER MENINGITIS | 63 |
| 05310 | H ZOSTER NERV SYST NOS | 63 |
| 05311 | GENICULATE HERPES ZOSTER | 63 |
| 05312 | POSTHERPES TRIGEM NEURAL | 63 |
| 05313 | POSTHERPES POLYNEUROPATH | 63 |
| 05319 | H ZOSTER NERV SYST NEC | 63 |
| 05320 | HERPES ZOSTER OF EYELID | 68 |
| 05321 | H ZOSTER KERATOCONJUNCT | 68 |
| 05322 | H ZOSTER IRIDOCYCLITIS | 68 |
| 05329 | HERPES ZOSTER OF EYE NEC | 68 |
| 05371 | H ZOSTER OTITIS EXTERNA | 31 |
| 05379 | H ZOSTER COMPLICATED NEC | 97 |
| 0538 | H ZOSTER COMPLICATED NOS | 97 |
| 0539 | HERPES ZOSTER NOS | 18 |
| 0540 | ECZEMA HERPETICUM | 18 |
| 05410 | GENITAL HERPES NOS | 97 |
| 05411 | HERPETIC VULVOVAGINITIS | 97 |
| 05412 | HERPETIC ULCER OF VULVA | 97 |
| 05413 | HERPETIC INFECT OF PENIS | 97 |

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

| ICD-9 | ICD-9 Description | MDC |
|-------|--------------------------------|-----|
| 05419 | GENITAL HERPES NEC | 97 |
| 0542 | HERPETIC GINGIVOSTOMAT | 31 |
| 0543 | HERPETIC ENCEPHALITIS | 63 |
| 05440 | HERPES SIMPLEX EYE NOS | 68 |
| 05441 | HERPES SIMPLEX OF EYELID | 68 |
| 05442 | DENDRITIC KERATITIS | 68 |
| 05443 | H SIMPLEX KERATITIS | 68 |
| 05444 | H SIMPLEX IRIDOCYCLITIS | 68 |
| 05449 | HERPES SIMPLEX EYE NEC | 68 |
| 0545 | HERPETIC SEPTICEMIA | 97 |
| 0546 | HERPETIC WHITLOW | 18 |
| 05471 | VISCERAL HERPES SIMPLEX | 41 |
| 05472 | H SIMPLEX MENINGITIS | 63 |
| 05473 | H SIMPLEX OTITIS EXTERNA | 31 |
| 05479 | H SIMPLEX COMPLICAT NEC | 97 |
| 0548 | H SIMPLEX COMPLICAT NOS | 97 |
| 0549 | HERPES SIMPLEX NOS | 18 |
| 0550 | POSTMEASLES ENCEPHALITIS | 63 |
| 0551 | POSTMEASLES PNEUMONIA | 33 |
| 0552 | POSTMEASLES OTITIS MEDIA | 31 |
| 05571 | MEASLES KERATITIS | 68 |
| 05579 | MEASLES COMPLICATION NEC | 97 |
| 0558 | MEASLES COMPLICATION NOS | 97 |
| 0559 | MEASLES UNCOMPLICATED | 97 |
| 05600 | RUBELLA NERVE COMPL NOS | 63 |
| 05601 | RUBELLA ENCEPHALITIS | 63 |
| 05609 | RUBELLA NERVE COMPL NEC | 63 |
| 05671 | ARTHRITIS DUE TO RUBELLA | 24 |
| 05679 | RUBELLA COMPLICATION NEC | 97 |
| 0568 | RUBELLA COMPLICATION NOS | 97 |
| 0569 | RUBELLA UNCOMPLICATED | 97 |
| 0570 | ERYTHEMA INFECTIOSUM | 97 |
| 0578 | VIRAL EXANTHEMATA NEC | 97 |
| 0579 | VIRAL EXANTHEMATA NOS | 97 |
| 0600 | SYLVATIC YELLOW FEVER | 97 |
| 0601 | URBAN YELLOW FEVER | 97 |
| 0609 | YELLOW FEVER NOS | 97 |
| 061 | DENGUE | 97 |
| 0620 | JAPANESE ENCEPHALITIS | 63 |
| 0621 | WEST EQUINE ENCEPHALITIS | 63 |
| 0622 | EAST EQUINE ENCEPHALITIS | 63 |
| 0623 | ST LOUIS ENCEPHALITIS | 63 |
| 0624 | AUSTRALIAN ENCEPHALITIS | 63 |
| 0625 | CALIFORNIA ENCEPHALITIS | 97 |
| 0628 | MOSQUIT-BORNE ENCEPH NEC | 97 |
| 0629 | MOSQUIT-BORNE ENCEPH NOS | 97 |
| 0630 | RUSSIA SPR-SUMMER ENCEPH | 97 |
| 0631 | LOUPING ILL | 97 |
| 0632 | CENT EUROPE ENCEPHALITIS | 63 |
| 0638 | TICK-BORNE ENCEPH NEC | 97 |
| 0639 | TICK-BORNE ENCEPH NOS | 97 |
| 064 | VIR ENCEPH ARTHROPOD NEC | 63 |
| 0650 | CRIMEAN HEMORRHAGIC FEV | 97 |
| 0651 | OMSK HEMORRHAGIC FEVER | 97 |
| 0652 | KYASANUR FOREST DISEASE | 97 |
| 0653 | TICK-BORNE HEM FEVER NEC | 97 |
| 0654 | MOSQUITO-BORNE HEM FEVER | 97 |
| 0658 | ARTHROPOD HEM FEVER NEC | 97 |
| 0659 | ARTHROPOD HEM FEVER NOS | 97 |
| 0660 | PHLEBOTOMUS FEVER | 97 |
| 0661 | TICK-BORNE FEVER | 97 |
| 0662 | VENEZUELAN EQUINE FEVER | 63 |
| 0663 | MOSQUITO-BORNE FEVER NEC | 97 |
| 0668 | ARTHROPOD VIRUS NEC | 97 |
| 0669 | ARTHROPOD VIRUS NOS | 97 |
| 0700 | HEPATITIS A WITH COMA | 78 |
| 0701 | HEPATITIS A W/O COMA | 41 |
| 07020 | HPT B ACTE COMA WO DLTA | 78 |
| 07021 | HPT B ACTE COMA W DLTA | 78 |
| 07022 | HPT B CHRN COMA WO DLTA | 78 |
| 07023 | HPT B CHRN COMA W DLTA | 78 |
| 07030 | HPT B ACTE WO CM WO DLTA | 41 |
| 07031 | HPT B ACTE WO CM W DLTA | 41 |
| 07032 | HPT B CHRN WO CM WO DLTA | 41 |
| 07033 | HPT B CHRN WO CM W DLTA | 41 |
| 07041 | HPT C ACUTE W HEPAT COMA | 78 |

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

| ICD-9 | ICD-9 Description | MDC |
|-------|---------------------------------|-----|
| 07042 | HPT DLT WO B W HPT COMA | 78 |
| 07043 | HPT E W HEPAT COMA | 78 |
| 07044 | CHRNA HPT C W HEPAT COMA | 78 |
| 07049 | OTH VRL HEPAT W HPT COMA | 78 |
| 07051 | HPT C ACUTE WO HPAT COMA | 41 |
| 07052 | HPT DLT WO B WO HPT COMA | 41 |
| 07053 | HPT E WO HEPAT COMA | 41 |
| 07054 | CHRNA HPT C WO HPAT COMA | 41 |
| 07059 | OTH VRL HPAT WO HPT COMA | 41 |
| 0706 | VIRAL HEPAT NOS W COMA | 78 |
| 0709 | VIRAL HEPAT NOS W/O COMA | 41 |
| 071 | RABIES | 63 |
| 0720 | MUMPS ORCHITIS | 53 |
| 0721 | MUMPS MENINGITIS | 63 |
| 0722 | MUMPS ENCEPHALITIS | 63 |
| 0723 | MUMPS PANCREATITIS | 41 |
| 07271 | MUMPS HEPATITIS | 41 |
| 07272 | MUMPS POLYNEUROPATHY | 63 |
| 07279 | MUMPS COMPLICATION NEC | 97 |
| 0728 | MUMPS COMPLICATION NOS | 97 |
| 0729 | MUMPS UNCOMPLICATED | 97 |
| 0730 | ORNITHOSIS PNEUMONIA | 33 |
| 0737 | ORNITHOSIS COMPLICAT NEC | 97 |
| 0738 | ORNITHOSIS COMPLICAT NOS | 97 |
| 0739 | ORNITHOSIS NOS | 97 |
| 0740 | HERPANGINA | 31 |
| 0741 | EPIDEMIC PLEURODYNIA | 33 |
| 07420 | COXSACKIE CARDITIS NOS | 36 |
| 07421 | COXSACKIE PERICARDITIS | 36 |
| 07422 | COXSACKIE ENDOCARDITIS | 36 |
| 07423 | COXSACKIE MYOCARDITIS | 36 |
| 0743 | HAND, FOOT & MOUTH DIS | 97 |
| 0748 | COXSACKIE VIRUS NEC | 97 |
| 075 | INFECTIOUS MONONUCLEOSIS | 97 |
| 0760 | TRACHOMA, INITIAL STAGE | 68 |
| 0761 | TRACHOMA, ACTIVE STAGE | 68 |
| 0769 | TRACHOMA NOS | 68 |
| 0770 | INCLUSION CONJUNCTIVITIS | 68 |
| 0771 | EPIDEM KERATOCONJUNCTIV | 68 |
| 0772 | PHARYNGOCONJUNCT FEVER | 68 |
| 0773 | ADENOVIRAL CONJUNCT NEC | 68 |
| 0774 | EPIDEM HEM CONJUNCTIVIT | 68 |
| 0778 | VIRAL CONJUNCTIVITIS NEC | 68 |
| 07798 | UNSP DS CONJUC CHLAMYDIA | 97 |
| 07799 | UNSP DS CONJUC VIRUSES | 97 |
| 0780 | MOLLUSCUM CONTAGIOSUM | 18 |
| 07810 | VIRAL WARTS NOS | 97 |
| 07811 | CONDYLOMA ACUMINATUM | 97 |
| 07819 | OTH SPECIFD VIRAL WARTS | 97 |
| 0782 | SWEATING FEVER | 97 |
| 0783 | CAT-SCRATCH DISEASE | 97 |
| 0784 | FOOT & MOUTH DISEASE | 97 |
| 0785 | CYTOMEGALOVIRAL DISEASE | 97 |
| 0786 | HEM NEPHROSONEPHRITIS | 53 |
| 0787 | ARENAVIRAL HEM FEVER | 97 |
| 07881 | EPIDEMIC VERTIGO | 31 |
| 07882 | EPIDEMIC VOMITING SYND | 41 |
| 07888 | OTH SPEC DIS CHLAMYDIAE | 97 |
| 07889 | OTH SPEC DIS VIRUSES | 97 |
| 0790 | ADENOVIRUS INFECT NOS | 97 |
| 0791 | ECHO VIRUS INFECT NOS | 97 |
| 0792 | COXSACKIE VIRUS INF NOS | 97 |
| 0793 | RHINOVIRUS INFECT NOS | 97 |
| 0794 | HUMAN PAPILLOMA VIRUS | 97 |
| 07950 | RETROVIRUS, UNSPECIFIED | 86 |
| 07951 | HTLV-1 INFECTION OTH DIS | 86 |
| 07952 | HTLV-II INFECTION OTH DIS | 86 |
| 07953 | HIV-2 INFECTION OTH DIS | 86 |
| 07959 | OTH SPECIFIED RETROVIRUS | 86 |
| 07981 | HANTAVIRUS INFECTION | 97 |
| 07988 | OTH SPECF CHLAMYDIAL INFC | 97 |
| 07989 | OTH SPECF VIRAL INFECTION | 97 |
| 07998 | CHLAMYDIAL INFECTION NOS | 97 |
| 07999 | VIRAL INFECTION NOS | 97 |
| 080 | LOUSE-BORNE TYPHUS | 97 |
| 0810 | MURINE TYPHUS | 97 |

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

| ICD-9 | ICD-9 Description | MDC |
|-------|--------------------------------|-----|
| 0811 | BRILL'S DISEASE | 97 |
| 0812 | SCRUB TYPHUS | 97 |
| 0819 | TYPHUS NOS | 97 |
| 0820 | SPOTTED FEVERS | 97 |
| 0821 | BOUTONNEUSE FEVER | 97 |
| 0822 | NORTH ASIAN TICK FEVER | 97 |
| 0823 | QUEENSLAND TICK TYPHUS | 97 |
| 0828 | TICK-BORNE RICKETTS NEC | 97 |
| 0829 | TICK-BORNE RICKETTS NOS | 97 |
| 0830 | Q FEVER | 97 |
| 0831 | TRENCH FEVER | 97 |
| 0832 | RICKETTSIALPOX | 97 |
| 0838 | RICKETTSIOSSES NEC | 97 |
| 0839 | RICKETTSIOSIS NOS | 97 |
| 0840 | FALCIPARUM MALARIA | 97 |
| 0841 | VIVAX MALARIA | 97 |
| 0842 | QUARTAN MALARIA | 97 |
| 0843 | OVALE MALARIA | 97 |
| 0844 | MALARIA NEC | 97 |
| 0845 | MIXED MALARIA | 97 |
| 0846 | MALARIA NOS | 97 |
| 0847 | INDUCED MALARIA | 97 |
| 0848 | BLACKWATER FEVER | 97 |
| 0849 | MALARIA COMPLICATED NEC | 97 |
| 0850 | VISCERAL LEISHMANIASIS | 97 |
| 0851 | CUTAN LEISHMANIAS URBAN | 18 |
| 0852 | CUTAN LEISHMANIAS ASIAN | 18 |
| 0853 | CUTAN LEISHMANIAS ETHIOP | 18 |
| 0854 | CUTAN LEISHMANIAS AMER | 18 |
| 0855 | MUCOCUTAN LEISHMANIASIS | 18 |
| 0859 | LEISHMANIASIS NOS | 97 |
| 0860 | CHAGAS DISEASE OF HEART | 36 |
| 0861 | CHAGAS DIS OF OTH ORGAN | 97 |
| 0862 | CHAGAS DISEASE NOS | 97 |
| 0863 | GAMBIAN TRYPANOSOMIASIS | 97 |
| 0864 | RHODESIAN TRYPANOSOMIAS | 97 |
| 0865 | AFRICAN TRYPANOSOMA NOS | 97 |
| 0869 | TRYPANOSOMIASIS NOS | 97 |
| 0870 | LOUSE-BORNE RELAPS FEVER | 97 |
| 0871 | TICK-BORNE RELAPS FEVER | 97 |
| 0879 | RELAPSING FEVER NOS | 97 |
| 0880 | BARTONELLOSIS | 97 |
| 08881 | LYME DISEASE | 97 |
| 08882 | BABESIOSIS | 97 |
| 08889 | OTH ARTHROPOD-BORNE DIS | 97 |
| 0889 | ARTHROPOD-BORNE DIS NOS | 97 |
| 0900 | EARLY CONG SYPH SYMPTOM | 97 |
| 0901 | EARLY CONGEN SYPH LATENT | 97 |
| 0902 | EARLY CONGEN SYPH NOS | 97 |
| 0903 | SYPHILITIC KERATITIS | 68 |
| 09040 | JUVENILE NEUROSYPH NOS | 63 |
| 09041 | CONGEN SYPH ENCEPHALITIS | 63 |
| 09042 | CONGEN SYPH MENINGITIS | 63 |
| 09049 | JUVENILE NEUROSYPH NEC | 63 |
| 0905 | LATE CONGEN SYPH SYMPTOM | 97 |
| 0906 | LATE CONGEN SYPH LATENT | 97 |
| 0907 | LATE CONGEN SYPH NOS | 97 |
| 0909 | CONGENITAL SYPHILIS NOS | 97 |
| 0910 | PRIMARY GENITAL SYPHILIS | 97 |
| 0911 | PRIMARY ANAL SYPHILIS | 41 |
| 0912 | PRIMARY SYPHILIS NEC | 97 |
| 0913 | SECONDARY SYPH SKIN | 18 |
| 0914 | SYPHILITIC ADENOPATHY | 97 |
| 09150 | SYPHILITIC UVEITIS NOS | 68 |
| 09151 | SYPHILIT CHORIORETINITIS | 68 |
| 09152 | SYPHILITIC IRIDOCYCLITIS | 68 |
| 09161 | SYPHILITIC PERIOSTITIS | 24 |
| 09162 | SYPHILITIC HEPATITIS | 41 |
| 09169 | SECOND SYPH VISCERA NEC | 41 |
| 0917 | SECOND SYPHILIS RELAPSE | 97 |
| 09181 | ACUTE SYPHIL MENINGITIS | 63 |
| 09182 | SYPHILITIC ALOPECIA | 18 |
| 09189 | SECONDARY SYPHILIS NEC | 97 |
| 0919 | SECONDARY SYPHILIS NOS | 97 |
| 0920 | EARLY SYPH LATENT RELAPS | 97 |
| 0929 | EARLY SYPHIL LATENT NOS | 97 |

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

| ICD-9 | ICD-9 Description | MDC |
|-------|--------------------------------|-----|
| 0930 | AORTIC ANEURYSM, SYPHIL | 36 |
| 0931 | SYPHILITIC AORTITIS | 36 |
| 09320 | SYPHIL ENDOCARDITIS NOS | 36 |
| 09321 | SYPHILITIC MITRAL VALVE | 36 |
| 09322 | SYPHILITIC AORTIC VALVE | 36 |
| 09323 | SYPHIL TRICUSPID VALVE | 36 |
| 09324 | SYPHIL PULMONARY VALVE | 36 |
| 09381 | SYPHILITIC PERICARDITIS | 36 |
| 09382 | SYPHILITIC MYOCARDITIS | 36 |
| 09389 | CARDIOVASCULAR SYPH NEC | 36 |
| 0939 | CARDIOVASCULAR SYPH NOS | 36 |
| 0940 | TABES DORSALIS | 63 |
| 0941 | GENERAL PARESIS | 63 |
| 0942 | SYPHILITIC MENINGITIS | 63 |
| 0943 | ASYMPTOMAT NEUROSYPHILIS | 63 |
| 09481 | SYPHILITIC ENCEPHALITIS | 63 |
| 09482 | SYPHILITIC PARKINSONISM | 63 |
| 09483 | SYPH DISSEM RETINITIS | 68 |
| 09484 | SYPHILITIC OPTIC ATROPHY | 68 |
| 09485 | SYPH RETROBULB NEURITIS | 63 |
| 09486 | SYPHIL ACOUSTIC NEURITIS | 31 |
| 09487 | SYPH RUPT CEREB ANEURYSM | 63 |
| 09489 | NEUROSYPHILIS NEC | 63 |
| 0949 | NEUROSYPHILIS NOS | 63 |
| 0950 | SYPHILITIC EPISCLERITIS | 68 |
| 0951 | SYPHILIS OF LUNG | 33 |
| 0952 | SYPHILITIC PERITONITIS | 41 |
| 0953 | SYPHILIS OF LIVER | 41 |
| 0954 | SYPHILIS OF KIDNEY | 53 |
| 0955 | SYPHILIS OF BONE | 24 |
| 0956 | SYPHILIS OF MUSCLE | 24 |
| 0957 | SYPHILIS OF TENDON/BURSA | 24 |
| 0958 | LATE SYMPT SYPHILIS NEC | 97 |
| 0959 | LATE SYMPT SYPHILIS NOS | 97 |
| 096 | LATE SYPHILIS LATENT | 97 |
| 0970 | LATE SYPHILIS NOS | 97 |
| 0971 | LATENT SYPHILIS NOS | 97 |
| 0979 | SYPHILIS NOS | 97 |
| 0980 | ACUTE GC INFECT LOWER GU | 97 |
| 09810 | GC (ACUTE) UPPER GU NOS | 97 |
| 09811 | GC CYSTITIS (ACUTE) | 53 |
| 09812 | GC PROSTATITIS (ACUTE) | 53 |
| 09813 | GC ORCHITIS (ACUTE) | 97 |
| 09814 | GC SEM VESICULIT (ACUTE) | 97 |
| 09815 | GC CERVICITIS (ACUTE) | 97 |
| 09816 | GC ENDOMETRITIS (ACUTE) | 97 |
| 09817 | ACUTE GC SALPINGITIS | 97 |
| 09819 | GC (ACUTE) UPPER GU NEC | 97 |
| 0982 | CHR GC INFECT LOWER GU | 97 |
| 09830 | CHR GC UPPER GU NOS | 53 |
| 09831 | GC CYSTITIS, CHRONIC | 53 |
| 09832 | GC PROSTATITIS, CHRONIC | 53 |
| 09833 | GC ORCHITIS, CHRONIC | 97 |
| 09834 | GC SEM VESICULITIS, CHR | 97 |
| 09835 | GC CERVICITIS, CHRONIC | 97 |
| 09836 | GC ENDOMETRITIS, CHRONIC | 97 |
| 09837 | GC SALPINGITIS (CHRONIC) | 97 |
| 09839 | CHR GC UPPER GU NEC | 97 |
| 09840 | GONOCOCCAL CONJUNCTIVIT | 68 |
| 09841 | GONOCOCCAL IRIDOCYCLITIS | 68 |
| 09842 | GONOCOCCAL ENDOPHTHALMIA | 68 |
| 09843 | GONOCOCCAL KERATITIS | 68 |
| 09849 | GONOCOCCAL EYE NEC | 68 |
| 09850 | GONOCOCCAL ARTHRITIS | 24 |
| 09851 | GONOCOCCAL SYNOVITIS | 24 |
| 09852 | GONOCOCCAL BURSITIS | 24 |
| 09853 | GONOCOCCAL SPONDYLITIS | 24 |
| 09859 | GC INFECT JOINT NEC | 24 |
| 0986 | GONOCOCCAL INFEC PHARYNX | 31 |
| 0987 | GC INFECT ANUS & RECTUM | 97 |
| 09881 | GONOCOCCAL KERATOSIS | 68 |
| 09882 | GONOCOCCAL MENINGITIS | 63 |
| 09883 | GONOCOCCAL PERICARDITIS | 36 |
| 09884 | GONOCOCCAL ENDOCARDITIS | 36 |
| 09885 | GONOCOCCAL HEART DIS NEC | 36 |
| 09886 | GONOCOCCAL PERITONITIS | 41 |

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

| ICD-9 | ICD-9 Description | MDC |
|-------|----------------------------------|-----|
| 09889 | GONOCOCCAL INF SITE NEC | 97 |
| 0990 | CHANCROID | 97 |
| 0991 | LYMPHOGRANULOMA VENEREUM | 97 |
| 0992 | GRANULOMA INGUINALE | 97 |
| 0993 | REITER'S DISEASE | 24 |
| 09940 | UNSPCF NONGNCCCL URETHRTS | 97 |
| 09941 | CHLMYD TRACHOMATIS URETH | 97 |
| 09949 | NONGC URTH OTH SPF ORGSM | 97 |
| 09950 | OTH VD CHLM TRCH UNSP ST | 97 |
| 09951 | OTH VD CHLM TRCH PHARYNX | 97 |
| 09952 | OTH VD CHLM TRCH ANS RCT | 97 |
| 09953 | OTH VD CHLM TRCH LOWR GU | 97 |
| 09954 | OTH VD CHLM TRCH OTH GU | 97 |
| 09955 | OT VD CHLM TRCH UNSPF GU | 97 |
| 09956 | OT VD CHLM TRCH PRONEUM | 97 |
| 09959 | OTH VD CHLM TRCH SPCF ST | 97 |
| 0998 | VENEREAL DISEASE NEC | 97 |
| 0999 | VENEREAL DISEASE NOS | 97 |
| 1000 | LEPTOSPIROS ICTEROHEM | 97 |
| 10081 | LEPTOSPIRAL MENINGITIS | 63 |
| 10089 | LEPTOSPIRAL INFECT NEC | 63 |
| 1009 | LEPTOSPIROSIS NOS | 97 |
| 101 | VINCENT'S ANGINA | 31 |
| 1020 | INITIAL LESIONS YAWS | 18 |
| 1021 | MULTIPLE PAPILLOMATA | 18 |
| 1022 | EARLY SKIN YAWS NEC | 18 |
| 1023 | HYPERKERATOSIS OF YAWS | 18 |
| 1024 | GUMMATA AND ULCERS, YAWS | 18 |
| 1025 | GANGOSA | 31 |
| 1026 | YAWS OF BONE & JOINT | 24 |
| 1027 | YAWS MANIFESTATIONS NEC | 97 |
| 1028 | LATENT YAWS | 97 |
| 1029 | YAWS NOS | 97 |
| 1030 | PINTA PRIMARY LESIONS | 18 |
| 1031 | PINTA INTERMED LESIONS | 18 |
| 1032 | PINTA LATE LESIONS | 97 |
| 1033 | PINTA MIXED LESIONS | 18 |
| 1039 | PINTA NOS | 97 |
| 1040 | NONVENEREAL ENDEMIC SYPH | 97 |
| 1048 | SPIROCHETAL INFECT NEC | 97 |
| 1049 | SPIROCHETAL INFECT NOS | 97 |
| 1100 | DERMATOPHYT SCALP/BEARD | 18 |
| 1101 | DERMATOPHYTOSIS OF NAIL | 18 |
| 1102 | DERMATOPHYTOSIS OF HAND | 18 |
| 1103 | DERMATOPHYTOSIS OF GROIN | 18 |
| 1104 | DERMATOPHYTOSIS OF FOOT | 18 |
| 1105 | DERMATOPHYTOSIS OF BODY | 18 |
| 1106 | DEEP DERMATOPHYTOSIS | 18 |
| 1108 | DERMATOPHYTOSIS SITE NEC | 18 |
| 1109 | DERMATOPHYTOSIS SITE NOS | 18 |
| 1110 | PITYRIASIS VERSICOLOR | 18 |
| 1111 | TINEA NIGRA | 18 |
| 1112 | TINEA BLANCA | 18 |
| 1113 | BLACK PIEDRA | 18 |
| 1118 | DERMATOMYCOSIS NEC | 18 |
| 1119 | DERMATOMYCOSIS NOS | 18 |
| 1120 | THRUSH | 31 |
| 1121 | CANDIDAL VULVOVAGINITIS | 97 |
| 1122 | CANDIDIAS UROGENITAL NEC | 97 |
| 1123 | CUTANEOUS CANDIDIASIS | 18 |
| 1124 | CANDIDIASIS OF LUNG | 33 |
| 1125 | DISSEMINATED CANDIDIASIS | 97 |
| 11281 | CANDIDAL ENDOCARDITIS | 36 |
| 11282 | CANDIDAL OTITIS EXTERNA | 31 |
| 11283 | CANDIDAL MENINGITIS | 63 |
| 11284 | CANDIDAL ESOPHAGITIS | 97 |
| 11285 | CANDIDAL ENTERITIS | 97 |
| 11289 | CANDIDIASIS SITE NEC | 97 |
| 1129 | CANDIDIASIS SITE NOS | 18 |
| 1140 | PRIMARY COCCIDIOIDOMYCOSIS | 33 |
| 1141 | PRIM CUTAN COCCIDIOID | 18 |
| 1142 | COCCIDIOIDAL MENINGITIS | 63 |
| 1143 | PROGRESS COCCIDIOID NEC | 97 |
| 1144 | CH PL COCCIDIOIDOMYCOSIS | 97 |
| 1145 | PL COCCIDIOIDOMYCOSIS NOS | 97 |
| 1149 | COCCIDIOIDOMYCOSIS NOS | 97 |

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

| ICD-9 | ICD-9 Description | MDC |
|-------|--------------------------------|-----|
| 11500 | HISTOPLASMA CAPSULAT NOS | 97 |
| 11501 | HISTOPLASM CAPSUL MENING | 63 |
| 11502 | HISTOPLASM CAPSUL RETINA | 68 |
| 11503 | HISTOPLASM CAPS PERICARD | 36 |
| 11504 | HISTOPLASM CAPS ENDOCARD | 36 |
| 11505 | HISTOPLASM CAPS PNEUMON | 33 |
| 11509 | HISTOPLASMA CAPSULAT NEC | 97 |
| 11510 | HISTOPLASMA DUBOISII NOS | 97 |
| 11511 | HISTOPLASM DUBOIS MENING | 63 |
| 11512 | HISTOPLASM DUBOIS RETINA | 68 |
| 11513 | HISTOPLASM DUB PERICARD | 36 |
| 11514 | HISTOPLASM DUB ENDOCARD | 36 |
| 11515 | HISTOPLASM DUB PNEUMONIA | 33 |
| 11519 | HISTOPLASMA DUBOISII NEC | 97 |
| 11590 | HISTOPLASMOSIS NOS | 97 |
| 11591 | HISTOPLASMOSIS MENINGIT | 63 |
| 11592 | HISTOPLASMOSIS RETINITIS | 68 |
| 11593 | HISTOPLASMOSIS PERICARD | 36 |
| 11594 | HISTOPLASMOSIS ENDOCARD | 36 |
| 11595 | HISTOPLASMOSIS PNEUMONIA | 33 |
| 11599 | HISTOPLASMOSIS NEC | 97 |
| 1160 | BLASTOMYCOSIS | 97 |
| 1161 | PARACOCCIDIOIDOMYCOSIS | 97 |
| 1162 | LOBOMYCOSIS | 97 |
| 1170 | RHINOSPORIDIOSIS | 97 |
| 1171 | SPOROTRICHOSIS | 97 |
| 1172 | CHROMOBLASTOMYCOSIS | 97 |
| 1173 | ASPERGILLOSIS | 97 |
| 1174 | MYCOTIC MYCETOMAS | 97 |
| 1175 | CRYPTOCOCCOSIS | 97 |
| 1176 | ALLESCHERIOSIS | 97 |
| 1177 | ZYGOMYCOSIS | 97 |
| 1178 | DEMATIACIOUS FUNGI INF | 97 |
| 1179 | MYCOSES NEC & NOS | 18 |
| 118 | OPPORTUNISTIC MYCOSES | 97 |
| 1200 | SCHISTOSOMA HAEMATOBII | 53 |
| 1201 | SCHISTOSOMA MANSONI | 41 |
| 1202 | SCHISTOSOMA JAPONICUM | 97 |
| 1203 | CUTANEOUS SCHISTOSOMA | 18 |
| 1208 | SCHISTOSOMIASIS NEC | 97 |
| 1209 | SCHISTOSOMIASIS NOS | 97 |
| 1210 | OPISTHORCHIASIS | 41 |
| 1211 | CLONORCHIASIS | 41 |
| 1212 | PARAGONIMIASIS | 33 |
| 1213 | FASCIOLIASIS | 41 |
| 1214 | FASCIOLOPSIASIS | 41 |
| 1215 | METAGONIMIASIS | 97 |
| 1216 | HETEROPHYIASIS | 97 |
| 1218 | TREMATODE INFECTION NEC | 97 |
| 1219 | TREMATODE INFECTION NOS | 97 |
| 1220 | ECHINOCOCC GRANUL LIVER | 41 |
| 1221 | ECHINOCOCC GRANUL LUNG | 33 |
| 1222 | ECHINOCOCC GRAN THYROID | 82 |
| 1223 | ECHINOCOCC GRANUL NEC | 97 |
| 1224 | ECHINOCOCC GRANUL NOS | 97 |
| 1225 | ECHINOCOC MULTILOC LIVER | 41 |
| 1226 | ECHINOCOCC MULTILOC NEC | 97 |
| 1227 | ECHINOCOCC MULTILOC NOS | 97 |
| 1228 | ECHINOCOCCOSIS NOS LIVER | 41 |
| 1229 | ECHINOCOCCOSIS NEC/NOS | 97 |
| 1230 | TAENIA SOLIUM INTESTINE | 41 |
| 1231 | CYSTICERCOSIS | 41 |
| 1232 | TAENIA SAGINATA INFECT | 41 |
| 1233 | TAENIASIS NOS | 41 |
| 1234 | DIPHYLLOBOTHRIAS INTEST | 41 |
| 1235 | SPARGANOSIS | 41 |
| 1236 | HYMENOLEPIASIS | 41 |
| 1238 | CESTODE INFECTION NEC | 41 |
| 1239 | CESTODE INFECTION NOS | 41 |
| 124 | TRICHINOSIS | 97 |
| 1250 | BANCROFTIAN FILARIASIS | 97 |
| 1251 | MALAYAN FILARIASIS | 97 |
| 1252 | LOIASIS | 97 |
| 1253 | ONCHOCERCIASIS | 97 |
| 1254 | DIPETALONEMIASIS | 97 |
| 1255 | MANSONELLA OZZARDI INFEC | 97 |

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ADDENDUM F.—ICD-9 CODES WITH MAJOR DIAGNOSTIC CATEGORIES (MDCs) FOR PAYMENT OF MEDICAL VISITS UNDER THE HOSPITAL OUTPATIENT PPS—Continued

| ICD-9 | ICD-9 Description | MDC |
|-------|--------------------------------|-----|
| 1256 | FILARIASIS NEC | 97 |
| 1257 | DRACONTIASIS | 97 |
| 1259 | FILARIASIS NOS | 97 |
| 1260 | ANCYLOSTOMA DUODENALE | 41 |
| 1261 | NECATOR AMERICANUS | 41 |
| 1262 | ANCYLOSTOMA BRAZILIENSE | 41 |
| 1263 | ANCYLOSTOMA CEYLANICUM | 41 |
| 1268 | ANCYLOSTOMA NEC | 41 |
| 1269 | ANCYLOSTOMIASIS NOS | 41 |
| 1270 | ASCARIASIS | 41 |
| 1271 | ANISAKIASIS | 41 |
| 1272 | STRONGYLOIDIASIS | 41 |
| 1273 | TRICHURIASIS | 41 |
| 1274 | ENTEROBIASIS | 41 |
| 1275 | CAPILLARIASIS | 41 |
| 1276 | TRICHOSTRONGYLIASIS | 41 |
| 1277 | INTEST HELMINTHIASIS NEC | 41 |
| 1278 | MIXED INTESTINE HELMINTH | 97 |
| 1279 | INTEST HELMINTHIASIS NOS | 41 |
| 1280 | TOXOCARIASIS | 97 |
| 1281 | GNATHOSTOMIASIS | 97 |
| 1288 | HELMINTHIASIS NEC | 97 |
| 1289 | HELMINTHIASIS NOS | 97 |
| 129 | INTESTIN PARASITISM NOS | 41 |
| 1300 | TOXOPLASM MENINGOENCEPH | 63 |
| 1301 | TOXOPLASM CONJUNCTIVITIS | 68 |
| 1302 | TOXOPLASM CHORIORETINIT | 68 |
| 1303 | TOXOPLASMA MYOCARDITIS | 36 |
| 1304 | TOXOPLASMA PNEUMONITIS | 33 |
| 1305 | TOXOPLASMA HEPATITIS | 41 |
| 1307 | TOXOPLASMOSIS SITE NEC | 97 |
| 1308 | MULTISYSTEM TOXOPLASMOS | 97 |
| 1309 | TOXOPLASMOSIS NOS | 97 |
| 13100 | UROGENITAL TRICHOMON NOS | 97 |
| 13101 | TRICHOMONAL VAGINITIS | 97 |
| 13102 | TRICHOMONAL URETHRITIS | 97 |
| 13103 | TRICHOMONAL PROSTATITIS | 97 |
| 13109 | UROGENITAL TRICHOMON NEC | 97 |
| 1318 | TRICHOMONIASIS NEC | 97 |
| 1319 | TRICHOMONIASIS NOS | 97 |
| 1320 | PEDICULUS CAPITIS | 18 |
| 1321 | PEDICULUS CORPORIS | 18 |
| 1322 | PHTHIRUS PUBIS | 18 |
| 1323 | MIXED PEDICUL & PHTHIRUS | 18 |
| 1329 | PEDICULOSIS NOS | 18 |
| 1330 | SCABIES | 18 |
| 1338 | ACARIASIS NEC | 18 |
| 1339 | ACARIASIS NOS | 18 |
| 1340 | MYIASIS | 18 |
| 1341 | ARTHROPOD INFEST NEC | 18 |
| 1342 | HIRUDINIASIS | 18 |
| 1348 | INFESTATION NEC | 18 |
| 1349 | INFESTATION NOS | 18 |
| 135 | SARCOIDOSIS | 33 |
| 1360 | AINHUM | 97 |
| 1361 | BEHCET'S SYNDROME | 24 |
| 1362 | FREE-LIVING AMEBA INFECT | 97 |
| 1363 | PNEUMOCYSTOSIS | 33 |
| 1364 | PSOROSPERMIASIS | 97 |
| 1365 | SARCOSPORIDIOSIS | 97 |
| 1368 | INFECT/PARASITE DIS NEC | 97 |
| 1369 | INFECT/PARASITE DIS NOS | 97 |
| 1370 | LATE EFFECT TB, RESP/NOS | 33 |
| 1371 | LATE EFFECT CNS TB | 63 |
| 1372 | LATE EFFECT GU TB | 53 |
| 1373 | LATE EFF BONE & JOINT TB | 24 |
| 1374 | LATE EFFECT TB NEC | 97 |
| 138 | LATE EFFECT ACUTE POLIO | 63 |
| 1390 | LATE EFF VIRAL ENCEPHAL | 63 |
| 1391 | LATE EFFECT OF TRACHOMA | 68 |
| 1398 | LATE EFF INFECT DIS NEC | 97 |
| 1400 | MAL NEO UPPER VERMILION | 88 |
| 1401 | MAL NEO LOWER VERMILION | 88 |
| 1403 | MAL NEO UPPER LIP, INNER | 88 |
| 1404 | MAL NEO LOWER LIP, INNER | 88 |
| 1405 | MAL NEO LIP, INNER NOS | 88 |

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